

# **Issue Docket**

**Conference Committee on Senate Bill 1**

## **2022-23 General Appropriations Bill**

**Article II - Health and Human Services**

530 DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Cross-Strategy Issue	II-1	II-1	HOUSE	<p>1) <b>Staff to Remain within Court Mandated Caseload Guidelines</b> Senate provides \$20,097,013 in All Funds (\$18,202,052 in General Revenue and \$1,894,961 in Federal Funds) and 127.0/156.0 FTEs to achieve a conservatorship caseload of 16.2 children per worker.</p> <p>House provides \$40,194,026 in All Funds (\$36,404,104 in General Revenue and \$3,789,922 in Federal Funds) and 253.0/312.0 FTEs for the same purpose.</p>
			HOUSE	<p>2) <b>Residential Child Care Investigation Staff</b> Senate provides \$2,030,474 in All Funds (\$2,000,000 in General Revenue and \$30,474 in Federal Funds) and 15.0/15.0 FTEs for staff to address increase in investigations due to policy change.</p> <p>House provides \$8,073,096 in All Funds (\$7,951,931 in General Revenue and \$121,165 in Federal Funds) and 58.0/58.0 FTEs for the same purpose.</p>
			HOUSE	<p>3) <b>Community-based Care (CBC)</b> Senate provides funding to expand CBC in the following Stages/Regions:</p> <p>a. \$34,816,330 in All Funds (\$32,902,402 in General Revenue and \$1,913,928 in Federal Funds) and 27.0/27.0 FTEs for expansion to Stage II in Region 8A.</p>
			SENATE	<p>b. \$2,953,714 in All Funds (\$2,890,710 in General Revenue and \$36,004 in Federal Funds) for expansion to Stage I in Region 8B.</p>
			SENATE	<p>c. \$23,988,535 in All Funds (\$22,368,219 in General Revenue and \$1,620,316 in Federal Funds) and 18.0/18.0 FTEs for expansion to Stage II in Region 1.</p>

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
			SENATE	d. \$7,404,496 in All Funds (\$6,996,094 in General Revenue and \$408,402 in Federal Funds) and 0.0/12.0 FTEs for expansion to Stage II in Region 8B.
			SENATE	e. \$7,011,726 in All Funds (\$6,822,043 in General Revenue and \$189,683 in Federal Funds) and 6.0/6.0 FTEs for expansion to Stage I in Region 3E.
			SENATE	f. \$2,044,634 in All Funds (\$1,996,667 in General Revenue and \$47,967 in Federal Funds) and 2.0/2.0 FTEs for expansion to Stage I in Region 9.
			SENATE	g. \$2,159,089 in All Funds (\$2,109,505 in General Revenue and \$49,584 in Federal Funds) and 2.0/2.0 FTEs for expansion to Stage I in Region 4.
			SENATE	h. \$1,543,141 in All Funds (\$1,504,614 in General Revenue and \$38,527 in Federal Funds) and 2.0/2.0 FTEs for expansion to Stage I in Region 5.
			HOUSE	4) <b>Family First Prevention Services Act (FFPSA)</b>
			RIDER 38 AMENDED TO REFLECT UPDATED FUNDING ALLOCATION	Senate provides \$3,000,000 in Family First Transition Act (FFTA) Federal Funds for the Nurse Family Partnership program.
				House provides a total of \$33,873,867 in FFTA Federal Funds for the following purposes: \$5,200,000 for the Nurse Family Partnership program; \$9,800,000 to purchase of services for youth at imminent risk of entering foster care; \$8,900,000 for a pilot program on services through CPS; and \$9,973,867 in additional funding for the QRTP pilot for implementation of FFPSA.
				See Rider 38, Family First Transition Act Funds.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Number of Full-Time-Equivalents (FTEs)	12,711.5	13,296.5		
	12,776.5			
			<b>ADOPT NET INCREASE OF 336.0/65.0 FTEs, INCLUDING CONFORMING CHANGE FOR CBC EXPANSION</b>	See Strategy and Cross-Strategy Items
B.1.1 CPS DIRECT DELIVERY STAFF	\$ 1,684,933,661	\$ 1,651,204,890	\$ 33,728,771	
	\$ 1,687,879,784			
			<b>HOUSE AS AMENDED; ADOPT \$6,015,093 IN GR \$637,594 IN FF</b>	a. Senate provides \$4,000,000 in All Funds (\$3,616,640 in General Revenue and \$383,360 in Federal Funds) to partially restore travel funding for CPS staff.  House provides \$9,305,374 in All Funds (\$8,413,547 in General Revenue and \$891,827 in Federal Funds) for the same purpose.  b. see Cross-Strategy Item #1. c. see Cross-Strategy Item #2. d. see Cross-Strategy Item #3. e. see Cross-Strategy Item #4.
B.1.2 CPS PROGRAM SUPPORT	\$ 132,791,611	\$ 150,671,526	\$ 17,879,915	
	\$ 152,633,936			
			<b>SENATE</b>	a. Senate provides \$350,000 in General Revenue for a random moment time study for caseworkers in Stage II of CBC.  See Rider 48, Random Moment Time Study.  b. see Cross-Strategy Item #1. c. see Cross-Strategy Item #2. d. see Cross-Strategy Item #3. e. see Cross-Strategy Item #4.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
			<b>ADOPT</b> <b>\$452,616 IN GR</b> <b>\$2,692 IN FF</b> <b>1.0/1.0 FTE</b>	f. See Conference Committee revision in Article II, Special Provisions.
B.1.9 FOSTER CARE PAYMENTS	\$ 1,095,861,641 <b>\$ 1,130,677,971</b>	\$ 1,088,820,559	\$ 7,041,082	
			<b>ADOPT</b> <b>\$32,902,402 IN GR</b> <b>\$1,913,928 IN FF</b>	a. see Cross-Strategy Item #3. b. See Conference Committee revision.
C.1.2 CYD PROGRAM	<b>\$ 17,845,116</b>	\$ 16,845,116	\$ 1,000,000	
			<b>SENATE AS AMENDED;</b> <b>ADOPT</b> <b>\$1,000,000 in FF</b>	Senate provides an additional \$1,000,000 in General Revenue for the Community Youth Development program.  See Rider 38, Community Youth Development (CYD) Program.
C.1.4 OTHER AT-RISK PREVENTION PROGRAMS	<b>\$ 60,329,660</b>	\$ 57,528,257	\$ 2,801,403	
				Senate provides \$2,801,403 in General Revenue to offset the cost-out reduction to General Revenue-Dedicated Account 5084, Child Abuse and Neglect Prevention Operating.
C.1.5 HOME VISITING PROGRAMS	\$ 71,479,806 <b>\$ 71,079,806</b>	\$ 73,679,806	\$ 2,200,000	
				see Cross-Strategy Item #4.
D.1.2 APS PROGRAM SUPPORT	\$ 9,097,348	<b>\$ 8,442,550</b>	\$ 654,798	
				Senate provides \$654,798 in All Funds (\$636,188 in General Revenue and \$18,610 in Federal Funds) for adult protective services program support.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
E.1.1 CENTRAL ADMINISTRATION	\$ 58,169,334 \$ 59,482,938	\$ 57,553,277	\$ 616,057	a. see Cross-Strategy Item #1. b. see Cross-Strategy Item #3.
E.1.2 OTHER SUPPORT SERVICES	\$ 30,031,704	\$ 30,172,613	\$ 140,909	a. see Cross-Strategy Item #1. b. see Cross-Strategy Item #3.
E.1.4 IT PROGRAM SUPPORT	\$ 91,369,151 \$ 92,106,246	\$ 92,083,524	\$ 714,373	a. Senate provides \$294,588 in General Revenue for system support services.  House provides \$264,103 in General Revenue for the same purpose.  The funding is tied to system-related items at HHSC and any changes in the total funding at HHSC will result in corresponding conforming changes to these amounts. b. see Cross-Strategy Item #1. c. see Cross-Strategy Item #2. d. see Cross-Strategy Item #3.
F.1.1 AGENCY-WIDE AUTOMATED SYSTEMS	\$ 58,325,534 \$ 55,342,630	\$ 55,235,760	\$ 3,089,774	a. Senate provides \$3,557,213 in All Funds (\$3,122,001 in General Revenue and \$435,212 in Federal Funds) to modify IT projects to meet foster care lawsuit court orders.  House provides \$3,557,213 in All Funds (\$3,122,001 in Economic Stabilization Fund and \$435,212 in Federal Funds) in House Bill 2 for the same purpose. b. see Cross-Strategy Item #1. c. see Cross-Strategy Item #2. d. see Cross-Strategy Item #3.

**ADOPT  
CONFORMING  
CHANGE OF  
\$143,786 IN GR**

**ADOPT  
FUNDING  
IN HB 2**

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Limitation on Transfers: Foster Care, Adoption Subsidy, Permanency Care Assistance, and Relative Caregiver Payments	II-6 Rider 5 Rider Packet, page II-1  <b>As amended</b>	II-6 Rider 5 Rider Packet, page II-1		Senate requires notification for transfers into and out of these strategies and allows the transfer to be disapproved within 60 days.  House requires approval of transfers into and out of these strategies.
Other Reporting Requirements	II-6 Rider 6 Rider Packet, page II-2	II-6 Rider 6 Rider Packet, page II-2  <b>As amended</b>		Senate requires quarterly updates be provided within 60 days of the end of each fiscal quarter.  House requires quarterly updates be provided within 30 days of the end of each fiscal quarter; and requires a report on additional metrics.
Limitation on Expenditures for Texas Workforce Commission (TWC) Contracted Day Care	II-7 Rider 7 Rider Packet, page II-3	II-7 Rider 7 Rider Packet, page II-3		Senate requires notification for transfers into and out of the day care strategy and allows the transfer to be disapproved within 30 days.  House requires approval of transfers into and out of the day care strategy.
Limitation on Transfers: CPS and APS Direct Delivery Staff	II-8 Rider 10 Rider Packet, page II-4	II-8 Rider 10 Rider Packet, page II-4		Senate requires notification of transfers of funding and FTEs out of these strategies and allows the transfer to be disapproved within 30 days.  House requires approval for transfers of funding and FTEs in and out of these strategies.
Human Trafficking Prevention	II-14 Rider 29 Rider Packet, page II-6	II-14 Rider 29 Rider Packet, page II-6		Senate revises the rider name; identifies the human trafficking funding and FTEs within the agency; directs the use of the identified funds; and requires an annual report.  House identifies the human trafficking funding and FTEs.
Family First Prevention Services Act (FFPSA)		II-16 Rider 37 Rider Packet, page II-7		House identifies that funds appropriated to DFPS do not assume a loss of Title IV-E federal funding related to FFPSA.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Federal Funds Maximization	II-16 Rider 37 Rider Packet, page II-7  <b>As amended</b>			Senate directs DFPS to submit biannual progress reports on maximizing federal funding as well as quarterly reporting on how the related funds were utilized. Senate also requires the agency receive approval to expend matched General Revenue as unmatched General Revenue.
Community Youth Development (CYD) Program	II-17 Rider 38 Rider Packet, page II-8			Senate identifies the amount of General Revenue appropriated for the CYD program.
Family First Transition Act Funds		II-16 Rider 38 Rider Packet, page II-8  <b>As amended</b>		House identifies how the FFTA federal funds shall be used and requires a progress reports on increasing capacity of community-based prevention and family preservation services.
Aligning Oversight of Foster Care Providers and Foster Families	II-17 Rider 39 Rider Packet, page II-9			Senate directs DFPS to coordinate with HHSC and other entities to streamline oversight of foster care providers and foster families.
Permanency Care Assistance	II-17 Rider 41 Rider Packet, page II-9			Senate provides intent for DFPS to ensure families are receiving financial assistance available to support the transition to permanent managing conservatorship.
Faith and Community Based Partner Coordination		II-17 Rider 42 Rider Packet, page II-9		House directs DFPS to maintain a strategy for engaging and collaborating with faith and community based partners.
Capacity Study		II-17 Rider 43 Rider Packet, page II-10  <b>As amended</b>		House directs DFPS to conduct a study reviewing current capacity and services for pregnant and parenting foster youth.
Office of the Ombudsman	II-17 Rider 43 Rider Packet, page II-10  <b>As amended</b>			Senate directs DFPS to transfer the ombudsman function, along with the related funding and full-time equivalents to HHSC for the same purpose.



Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Foster Care Ombudsman	II-17 Rider 44 Rider Packet, page II-10			Senate directs DFPS to ensure every child in Foster Care receives information on the Ombudsman for Youth and Children in Foster Care.
Transportation Pilot Program Study		II-17 Rider 44 Rider Packet, page II-10  <b>As amended</b>		House directs DFPS to submit a study on the cost effectiveness of expanded transportation options to determine if reunification outcomes can be improved.
Community-based Care (CBC) Funding Methodology	II-17 Rider 45 Rider Packet, page II-11			Senate directs DFPS to establish a funding methodology for CBC.
Report on Suicide among Foster Youth		II-18 Rider 45 Rider Packet, page II-12		House directs DFPS to submit a report on certain metrics related to suicide among foster youth.
Interoperability of Data System	II-18 Rider 46 Rider Packet, page II-13			Senate directs DFPS to ensure operability with their case management system and the systems operated by the Single Source Continuum Contractors.
Conservatorship Caseload per Worker	II-18 Rider 47 Rider Packet, page II-13  <b>As amended</b>			Senate directs DFPS that funding and FTEs appropriated for caseworkers are intended to achieve a conservatorship caseload of 16.2 children per worker.
Random Moment Time Study	II-18 Rider 48 Rider Packet, page II-13			Senate directs DFPS to provide the results of the random moment in time study to the legislature.
<b>Conference Committee Revisions and Additions</b>				
Community-based Care (CBC) Capacity			<b>ADOPT</b>	Add a rider appropriating \$34,816,330 in All Funds for the purpose of building placement capacity in the CBC regions through temporary rate increases, incentive payments, and provider grants.

537 DEPARTMENT OF STATE HEALTH SERVICES

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
<b>Cross-Strategy Issue</b>	II-18	II-18	<b>ADOPT FUNDING IN HB 2 AND 1.0/0.0 FTE IN SB 1</b>	Senate provides \$1,181,028 in General Revenue and General-Revenue Dedicated Funds and 1.0/0.0 FTEs for customer service efficiency to improve the functionality of the online licensure and registration system to address delays in processing times for inspecting, licensing, and relicensing businesses regulated by DSHS.  House provides \$1,181,028 in Economic Stabilization Funds and 1.0/0.0 FTEs in House Bill 2 for the same purpose.
Number of Full-Time-Equivalents (FTEs)	3,318.9	3,306.9	<b>SENATE</b>	a. Senate provides 13.0/13.0 FTEs for food safety.  See Strategy C.1.1, Food (Meat) and Drug Safety. b. Senate provides 1.0/0.0 FTEs for customer service efficiency.  See Cross-Strategy Issue. c. House provides 1.0/1.0 FTEs for health registries.  See Strategy A.1.3, Health Registries.
A.1.1 PUBLIC HEALTH PREP. & COORD. SVCS	\$ 123,852,250	\$ 146,655,760	\$ 22,803,510	
	\$ 151,655,760		<b>HOUSE</b>	a. Senate provides \$31,327,708 in Federal Funds for the Bioterrorism Hospital Preparedness Program award.  House provides \$33,057,538 for the same award.  See also Senate Rider 28, Emergency Medical Task Force. b. Senate provides \$53,018,050 in Federal Funds for the Public Health Emergency Preparedness award.  House provides \$74,091,730 for the same award.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
			<b>ADOPT \$5,000,000 IN GR</b>	c. See Senate Rider 28, Emergency Medical Task Force.
A.1.3 HEALTH REGISTRIES	\$ 20,847,512	\$ 26,209,651	\$ 5,362,139	House provides \$5,362,139 in General Revenue and 1.0/1.0 FTEs for a system viability assessment for the information technology platform used for DSHS health registries including the Texas Birth Defects Registry, Blood Lead Registry, Tuberculosis/Human Immunodeficiency Virus/Sexually Transmitted Diseases Integrated System, and the Emergency Medical Services and Trauma Registry.
A.1.5 HEALTH DATA AND STATISTICS	\$ 10,500,140	\$ 10,500,140	\$ -	Senate provides \$2,318,426 in General Revenue for the Texas Health Care Information Center.  House provides \$2,318,426 in General Revenue-Dedicated Account No. 129, Hospital Licensing, for the same purpose.  See also House Rider 28, Hospital Care Information Funding.
A.2.1 IMMUNIZE CHILDREN & ADULTS IN TEXAS	\$ 154,578,856	\$ 174,136,276	\$ 19,557,420	Senate provides \$35,534,762 in Federal Funds for the Immunization Grants award.  House provides \$55,092,182 for the same award.
A.2.2 HIV/STD PREVENTION	\$ 475,637,404 \$ 476,973,361	\$ 440,637,404	\$ 35,000,000  <b>SENATE AS AMENDED; ADOPT \$36,335,957 IN GR</b>	Senate provides \$35,000,000 in General Revenue to maintain the Texas HIV Medication Program.  See also Senate Rider 26, Texas HIV Medication Program.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
A.3.1 CHRONIC DISEASE PREVENTION	\$ 27,003,440	\$ 27,003,440	\$ -	
	<b>\$ 28,003,440</b>			
			<b>ADOPT \$1,000,000 IN GR</b>	See Conference Committee revision.
B.2.1 EMS AND TRAUMA CARE SYSTEMS	\$ 247,597,595	\$ 246,883,240	\$ 714,355	
	<b>\$ 247,290,168</b>			
			<b>SENATE</b>	a. Senate provides \$406,928 in General Revenue to restore funding from the five percent reduction to Regional Advisory Councils and emergency medical services programs. b. See Cross-Strategy Issue.
C.1.1 FOOD (MEAT) AND DRUG SAFETY	\$ 56,092,679	\$ 52,887,306	\$ 3,205,373	
	<b>\$ 55,833,932</b>			
			<b>SENATE</b>	a. Senate provides \$2,946,626 in General Revenue-Dedicated Funds and 13.0/13.0 FTEs for the food safety program to address deficiencies identified in an audit related to providing an adequate level of licensure, inspection, and enforcement activities and to increase salaries to prevent turnover in public health sanitarian positions. b. See Cross-Strategy Issue.
C.1.2 ENVIRONMENTAL HEALTH	\$ 13,422,431	<b>\$ 13,115,004</b>	\$ 307,427	See Cross-Strategy Issue.
C.1.3 RADIATION CONTROL	\$ 18,959,657	<b>\$ 18,652,230</b>	\$ 307,427	See Cross-Strategy Issue.
D.1.1 AGENCY WIDE IT PROJECTS	<b>\$ 33,263,172</b>	\$ 53,209,590	\$ 19,946,418	
			<b>ADOPT FUNDING IN HB 2</b>	House provides an additional \$19,946,418 in All Funds (\$8,121,908 in General Revenue, \$10,962,552 in Federal Funds, and \$861,958 in Other Funds) for Data Center Services.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
E.1.2 IT PROGRAM SUPPORT	\$ 34,091,382	\$ 33,428,718	\$ 662,664	
	\$ 33,395,860			
			<b>ADOPT CONFORMING CHANGE OF \$631,844 IN GR</b>	Senate provides \$1,327,366 in General Revenue for system support services.  House provides \$664,702 in General Revenue for the same purpose.  This funding is tied to system-related items at HHSC and any changes to the total funding at HHSC will result in corresponding conforming changes to these amounts.
Capital Budget	II-22 Rider 2 Rider Packet, page II-15	II-22 Rider 2 Rider Packet, page II-15	<b>SENATE</b>	a. Senate provides \$888,000 in capital budget authority for Texas Center for Infectious Disease (TCID) repair and renovation. b. See Cross-Strategy Issue. c. See Strategy D.1.1, Agency Wide IT Projects.
Texas HIV Medication Program	II-29 Rider 26 Rider Packet, page II-17  <b>As amended</b>			Senate directs DSHS to maximize appropriations to the Texas HIV Medication Program by maximizing federal funds, implementing an insurance purchase model, and implementing other cost containment measures as necessary.  See also Strategy A.2.2, HIV/STD Prevention.
Federal Funds Reporting Requirement		II-29 Rider 26 Rider Packet, page II-18		House directs DSHS to report on the Public Health Emergency Preparedness, Bioterrorism Hospital Preparedness Program, and Immunization Grants federal funds if the projected expenses included in the Monthly Financial Report differ from the appropriated amounts by more than \$1,000,000.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
HIV Care Formula Grants		II-30 Rider 27 Rider Packet, page II-18		House directs DSHS to report on the HIV Care Formula Grants federal funds if the projected expenses included in the Monthly Financial Report are in excess of the appropriated amounts or require DSHS to expend a portion of the upcoming year's award.
Hospital Care Information Funding		II-30 Rider 28 Rider Packet, page II-19		House directs DSHS to use funding from General Revenue-Dedicated Account No. 129, Hospital Licensing, for hospital care information funding.  See also Strategy A.1.5, Health Data and Statistics.
Emergency Medical Task Force	II-30 Rider 28 Rider Packet, page II-19  <b>As amended \$5,000,000 in GR</b>			Senate directs DSHS to provide federal funds to 1) the Emergency Medical Task Force (EMTF) Lead Regional Advisory Councils (RACs) for programs, exercises, and readiness; 2) the Southwest Texas RAC for EMTF management; and 3) the Southwest Texas RAC for statewide equipment.  See also Strategy A.1.1, Public Health Preparedness and Coordinated Services.
Report on Consumable Hemp Program	II-30 Rider 29 Rider Packet, page II-20			Senate directs DSHS to report on the state consumable hemp program by providing an overview of licensing and enforcement activities by November 1, 2022.
COVID-19 Vaccine Awareness Campaign		II-30 Rider 30 Rider Packet, page II-20		House directs DSHS to develop and implement a COVID-19 vaccine awareness campaign.
Schedule I Drug Scheduling		II-30 Rider 31 Rider Packet, page II-21		House directs that any prescription drug that is designated, rescheduled, or deleted as a controlled substance under federal law shall be excluded from Schedule I unless the DSHS Commissioner publishes an objection.
Report on Federal Public Health Funding to Local Health Entities		II-31 Rider 32 Rider Packet, page II-21 <b>As amended</b>		House directs DSHS to report on the allocation of federal public health funding to state programs and local health entities by January 31, 2022.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Study on COVID-19 Testing and Immunization Distribution Equity		II-31 Rider 33 Rider Packet, page II-21 <b>As amended</b>		House directs DSHS to conduct a study on COVID-19 testing and immunization distribution equity by December 31, 2022.
Unexpended Balance Authority: Texas Center for Nursing Workforce Studies Funding		II-31 Rider 34 Rider Packet, page II-22		House provides DSHS with unexpended balance authority for the interagency contract with the Board of Nursing for the Texas Center for Nursing Workforce Studies.
<b>Conference Committee Revisions and Additions</b>				
Alzheimer's Disease Program			<b>ADOPT</b>	Provide an additional \$1,000,000 in General Revenue for a public awareness campaign for the Alzheimer's Disease Program, and add a rider identifying the appropriations.

529 HEALTH AND HUMAN SERVICES COMMISSION

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Cross-Strategy Issues	II-31	II-32	SENATE	1) Senate provides transfer authority in Goal A, Medicaid Client Services, to provide reimbursement for the provision of individualized skills and socialization (ISS). See Senate Rider 110, page II-80.
				House provides an additional \$90,484,201 in All Funds (\$35,252,954 in General Revenue and \$55,231,247 in Federal Funds) and 0.0/6.0 FTEs to support client services costs associated with transitioning day habilitation to ISS.
			SENATE	2) Senate provides \$111,888,394 in All Funds (\$43,710,037 in General Revenue and \$68,178,357 in Federal Funds) for Medicaid intensive behavioral intervention services.
				House provides \$310,392,694 in All Funds (\$124,233,488 in General Revenue and \$186,159,206 in Federal Funds) for the same purpose.
			HOUSE	3) House provides an additional \$12,438,936 in federal Mental Health Block Grant funds based on assumed federal fiscal year 2021 awards.
			SENATE	4) Senate provides an additional \$29,032,991 in General Revenue and 140.9/144.0 FTEs to address the foster care litigation.
				House provides an additional \$30,952,789 in General Revenue and 140.9/144.0 FTEs for the same purpose.
Number of Full-Time-Equivalents (FTEs)	38,353.9	38,073.0		
	38,410.9			See Strategy and Cross-Strategy Items
A.1.1 AGED AND MEDICARE-RELATED	\$ 8,715,941,164	\$ 6,037,442,762	\$ 2,678,498,402	
	\$ 5,422,473,985			
			HOUSE	a. House provides an additional \$123,462,974 in All Funds (\$47,576,677 in General Revenue and \$75,886,297 in Federal Funds) for rural hospital reimbursement. See House Rider 8, page II-47.



Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
			<b>HOUSE</b>	
			<b>SENATE REDUCTION</b>	b. Senate includes a decrease of \$25,000,000 in General Revenue for assumed program efficiencies. See Senate Rider 119, page II-82.
			<b>AS AMENDED;</b>	c. Senate includes a decrease of \$350,000,000 in General Revenue for assumed cost containment. See Senate Rider 112, page II-81.
			<b>\$350,000,000 IN GR</b>	
			<b>\$547,097,360 IN FF</b>	
			<b>SENATE REDUCTION</b>	d. Senate includes a decrease of \$1,850,000,000 in General Revenue for Medicaid client services.
			<b>AS AMENDED;</b>	
			<b>\$1,850,000,000 IN GR</b>	House includes a decrease of \$5,117,056,681 in All Funds (\$2,000,000,000 in General Revenue and \$3,117,056,681 in Federal Funds) for the same purpose.
			<b>\$2,890,579,021 IN FF</b>	e. See Cross-Strategy Item #1.
			<b>ADOPT REDUCTION</b>	f. See Conference Committee revision.
			<b>\$1,667,479 IN GR</b>	
			<b>\$2,586,293 IN FF</b>	
A.1.2 DISABILITY-RELATED	\$ 15,009,268,750	\$ 15,129,739,186	\$ 120,470,436	
	\$ 15,015,793,016			
			<b>ADOPT</b>	a. Senate provides an additional \$7,302,654 in All Funds (\$2,853,186 in General Revenue and \$4,449,468 in Federal Funds) for 25 additional Medically Dependent Children Program waiver slots and 81 additional STAR+PLUS Home and Community-Based Services waiver slots.
			<b>\$3,907,063 IN GR</b>	b. See Cross-Strategy Item #2.
			<b>\$6,112,210 IN FF</b>	c. See Conference Committee revision.
			<b>ADOPT</b>	
			<b>\$1,488,155 IN GR</b>	
			<b>\$2,319,492 IN FF</b>	
A.1.5 CHILDREN	\$ 14,996,726,873	\$ 15,067,458,083	\$ 70,731,210	See Cross-Strategy Item #2.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
A.1.6 MEDICAID PRESCRIPTION DRUGS	\$ 7,665,933,395	\$ 7,727,665,393	\$ 61,731,998	Senate provides an additional \$51,170,567 in All Funds (\$20,000,000 in General Revenue and \$31,170,567 in Federal Funds) for Hepatitis C treatment. See Senate Rider 109, page II-80.
			SENATE	House provides an additional \$112,902,565 in All Funds (\$44,404,579 in General Revenue and \$68,497,986 in Federal Funds) for the same purpose.
A.3.1 HOME AND COMMUNITY-BASED SERVICES	\$ 2,629,546,771	\$ 2,611,176,524	\$ 18,370,247	
	\$ 2,639,034,911		ADOPT \$10,863,238 IN GR \$16,995,149 IN FF	Senate provides an additional \$18,370,247 in All Funds (\$7,178,741 in General Revenue and \$11,191,506 in Federal Funds) for 356 additional Home and Community-based Services waiver slots.
A.3.2 COMMUNITY LIVING ASSISTANCE (CLASS)	\$ 643,193,702	\$ 627,418,239	\$ 15,775,463	
	\$ 651,548,548		ADOPT \$9,409,205 IN GR \$14,721,104 IN FF	Senate provides an additional \$15,775,463 in All Funds (\$6,164,630 in General Revenue and \$9,610,833 in Federal Funds) for 251 additional Community Living Assistance and Support Services waiver slots.
A.3.3 DEAF-BLIND MULTIPLE DISABILITIES	\$ 36,751,866	\$ 36,483,678	\$ 268,188	
	\$ 36,953,154		ADOPT \$183,069 IN GR \$286,407 IN FF	Senate provides an additional \$268,188 in All Funds (\$104,792 in General Revenue and \$163,396 in Federal Funds) for 3 additional Deaf-Blind Multiple Disabilities waiver slots.
A.3.4 TEXAS HOME LIVING WAIVER	\$ 217,676,496	\$ 208,211,619	\$ 9,464,877	
	\$ 222,668,905		ADOPT \$5,637,425 IN GR \$8,819,861 IN FF	Senate provides an additional \$9,464,877 in All Funds (\$3,698,651 in General Revenue and \$5,766,226 in Federal Funds) for 307 additional Texas Home Living waiver slots.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
B.1.1 MEDICAID CONTRACTS & ADMINISTRATION	\$ 1,523,641,542	\$ 1,199,879,732	\$ 323,761,810	
	\$ 1,232,700,740			
			<b>ADOPT FUNDING IN HB 2</b>	<p>a. Senate provides \$266,406,192 in All Funds (\$31,644,412 in General Revenue and \$234,761,780 in Federal Funds) for modernization of the Medicaid Management Information System.</p> <p>House provides \$266,406,192 in All Funds (\$31,644,412 from the Economic Stabilization Fund and \$234,761,780 in Federal Funds) in House Bill 2 for the same purpose.</p>
			<b>SENATE</b>	<p>b. Senate provides \$32,142,130 in All Funds (\$3,404,293 in General Revenue and \$28,737,837 in Federal Funds) and 15.2/15.2 FTEs for technology enhancements for intellectual and developmental disability (IDD) providers, Local IDD Authorities (LIDDAs), and service coordinators.</p>
			<b>ADOPT FUNDING IN HB 2</b>	<p>c. Senate provides \$25,213,488 in All Funds (\$2,928,372 in General Revenue and \$22,285,116 in Federal Funds) to support transition of the current Vendor Drug Program (VDP) to the VDP Pharmacy Benefits Services Modernization solution.</p> <p>House provides \$25,213,488 in All Funds (\$2,928,372 from the Economic Stabilization Fund and \$22,285,116 in Federal Funds) in House Bill 2 for the same purpose.</p>
			<b>ADOPT \$339,439 IN GR \$339,439 IN FF 1.0/1.0 FTE</b>	<p>f. See Conference Committee revision in Article II, Special Provisions.</p>

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
D.1.2 ALTERNATIVES TO ABORTION	\$ 100,022,732	\$ 100,022,732		
	\$ 100,022,732			
			<b>ADOPT REDUCTION OF \$6,000,000 IN FF INCREASE OF \$6,000,000 IN GR</b>	See Conference Committee revision.
D.1.3 ECI SERVICES	\$ 314,803,167	\$ 339,021,572	\$ 24,218,405	
				Senate provides an additional \$9,721,585 in Federal Funds for caseload growth.
				House provides \$33,939,990 in All Funds (\$15,429,558 in General Revenue and \$18,510,432 in Federal Funds) for the same purpose.
D.2.1 COMMUNITY MENTAL HEALTH SVCS-ADULTS	\$ 776,329,434	\$ 785,705,000	\$ 9,375,566	See Cross-Strategy Issue #3.
D.2.2 COMMUNITY MENTAL HLTH SVCS-CHILDREN	\$ 185,018,970	\$ 187,879,512	\$ 2,860,542	See Cross-Strategy Issue #3.
D.2.4 SUBSTANCE ABUSE SERVICES	\$ 496,157,256	\$ 519,994,928	\$ 23,837,672	
	\$ 496,360,084			
			<b>SENATE</b>	a. House maintains \$23,634,844 in General Revenue to reduce the substance abuse treatment waitlist for pregnant women and women with dependent children. See House Rider 30, page II-55. b. See Cross-Strategy Issue #3.
F.3.1 FAMILY VIOLENCE SERVICES	\$ 72,808,584	\$ 78,308,584	\$ 5,500,000	
				Senate provides an additional \$7,500,000 in General Revenue for enhanced family violence services. See Senate Rider 124, page II-84.
				House provides an additional \$13,000,000 in federal Temporary Assistance for Needy Families (TANF) funds for the same purpose. See House Rider 110, page II-83.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
F.3.2 CHILD ADVOCACY PROGRAMS	\$ 85,126,008	\$ 99,022,134	\$ 13,896,126	
	\$ 101,022,134			
			<b>HOUSE AS AMENDED; ADOPT \$8,000,000 IN GR \$13,896,126 IN FF</b>	<p>a. Senate provides an additional \$8,000,000 in General Revenue for Child Advocacy Centers (CAC). See Senate Rider 50, page II-60.</p> <p>House provides an increase of \$21,896,126 in federal TANF funds for the same purpose. See House Rider 50, page II-61.</p> <p>b. Senate appropriates General Revenue into General Revenue-Dedicated (GR-D) Accounts No. 0469 and 5010 to address Office of Attorney General (OAG)-projected deficits in the accounts in the 2022-23 biennium. Note: Does not directly impact appropriations at HHSC.</p> <p>Total GR-D appropriations for Child Advocacy Centers and Court-Appointed Special Advocates are as follows:</p> <ul style="list-style-type: none"><li>• GR-D Account No. 0469: \$20.5 million</li><li>• GR-D Account No. 5010: \$10.0 million</li></ul> <p>House provides a method-of-finance swap at HHSC between General Revenue and GR-D Accounts No. 0469 (\$13.8 million) and 5010 (\$10.0 million) to address OAG-projected deficits the accounts in the 2022-23 biennium.</p> <p>Total GR-D appropriations for Child Advocacy Centers and Court-Appointed Special Advocates are as follows:</p> <ul style="list-style-type: none"><li>• GR-D Account No. 0469: \$6.7 million</li><li>• GR-D Account No. 5010: \$0.0 million</li></ul>
			<b>SEE OAG ISSUE DOCKET IN ARTICLE I</b>	
			<b>ADOPT \$2,000,000 IN GR</b>	<p>c. See Conference Committee revision.</p>

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
G.2.1 MENTAL HEALTH STATE HOSPITALS	\$ 967,255,496 \$ 965,484,056	\$ 894,601,774	\$ 72,653,722	
			<b>SENATE AS AMENDED; ADOPT \$69,588,810 IN GR 260.0/260.0 FTEs</b>	a. Senate provides an additional \$71,360,250 in General Revenue and 260.0/260.0 FTEs for expanded capacity at Kerrville State Hospital and the new inpatient facility in Harris County.
			<b>SENATE</b>	b. Senate provides \$1,293,472 in General Revenue for Hepatitis C treatment at state hospitals. See Senate Rider 109, page II-80.
G.4.1 FACILITY PROGRAM SUPPORT	\$ 26,887,656 \$ 25,914,156	\$ 21,914,156	\$ 4,973,500	
			<b>NOT ADOPTED</b>	a. Senate provides an additional \$1,973,000 in General Revenue for laundry equipment replacement.
			<b>ADOPT \$4,000,000 IN GR ADOPT 1.0/1.0 FTE</b>	b. Senate provides an additional \$3,000,000 in General Revenue to partially restore reductions to the agency's baseline request for facility support services.
				c. See Conference Committee revision.
H.1.1 FACILITY/COMMUNITY-BASED REGULATION	\$ 213,464,585 \$ 218,744,948	\$ 212,417,724	\$ 1,046,861	
			<b>SENATE</b>	a. Senate provides an additional \$1,046,861 in All Funds (\$862,543 in General Revenue and \$184,318 in Federal Funds) to partially restore five percent reductions related to enforcement and surveyor staffing.
			<b>ADOPT \$5,280,363 IN FF 31.7/31.7 FTEs</b>	b. See Conference Committee revision.
I.2.1 LONG-TERM CARE INTAKE & ACCESS	\$ 521,809,196 \$ 522,278,884	\$ 522,198,092	\$ 388,896	
			<b>ADOPT \$234,844 IN GR \$234,844 IN FF</b>	a. See Cross-Strategy Item #1. b. See Conference Committee revision.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
I.3.1 TIERS & ELIGIBILITY SUPPORT TECH	\$ 224,899,344	\$ 223,399,344	\$ 1,500,000	Senate provides \$1,500,000 in All Funds (\$755,896 in General Revenue and \$744,104 in Federal Funds) for a professional contract related to Winters Data Center environment protection.  House provides \$1,500,000 in All Funds (\$755,896 from the Economic Stabilization Fund and \$744,104 in Federal Funds) in House Bill 2 for the same purpose.
K.1.1 OFFICE OF INSPECTOR GENERAL	\$ 66,730,572	\$ 61,848,598	\$ 4,881,974	Senate provides \$4,881,974 in All Funds (\$1,952,790 in General Revenue and \$2,929,184 in Federal Funds) to replace Federal Funds previously received for nursing staff.
L.1.1 HHS SYSTEM SUPPORTS	\$ 213,057,948	\$ 214,977,746	\$ 1,919,798	a. See Cross-Strategy Item #4. b. See Conference Committee revision in Article II, Special Provisions.
	\$ 215,545,204		ADOPT \$2,471,043 IN GR \$16,213 IN FF 5.1/5.1 FTEs ADOPT 5.1/5.1 FTEs	c. See Conference Committee revision.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
L.1.2 IT OVERSIGHT & PROGRAM SUPPORT	\$ 479,363,934	\$ 453,909,933	\$ 25,454,001	
	\$ 337,675,782			
			<b>ADOPT FUNDING IN HB 2 AND 9.0/9.0 FTEs IN SB 1</b>	<p>a. Senate provides an additional \$7,280,267 in General Revenue and 9.0/9.0 FTEs to migrate Residential Child Care Licensing IT systems from the Department of Family Protective Services to the Health and Human Services Commission.</p> <p>House provides an additional \$7,280,267 from the Economic Stabilization Fund and 0.0/0.0 FTEs in House Bill 2 for the same purpose.</p>
			<b>ADOPT FUNDING IN HB 2 AND 2.0/2.0 FTEs IN SB 1</b>	<p>b. Senate provides \$7,753,135 in All Funds (\$6,000,000 in General Revenue and \$1,753,135 in Federal Funds) and 2.0/2.0 FTEs to restore reductions for certain IT projects.</p> <p><b>Note:</b> System-related item. \$846,324 in General Revenue is allocated to DFPS and DSHS and appears as Interagency Contract (IAC) in HHSC's bill pattern. Any changes to the total funding at HHSC will result in corresponding conforming changes at DFPS and DSHS.</p> <p>House provides \$7,753,135 in All Funds (\$6,000,000 from the Economic Stabilization Fund and \$1,753,135 in Federal Funds) and 2.0/2.0 FTEs in House Bill 2 for the same purpose.</p>
			<b>ADOPT \$9,579,401 IN CAPITAL BUDGET AUTHORITY ONLY</b>	<p>c. House provides an additional \$9,579,401 in All Funds (\$5,843,542 in General Revenue and \$3,735,859 in Federal Funds) and 0.2/0.3 FTEs to migrate the Accounts Receivable Tracking System to CAPPS.</p> <p><b>Note:</b> System-related item. \$153,175 in General Revenue is allocated to DFPS and DSHS and appears as Interagency Contract (IAC) in HHSC's bill pattern. Any changes to the total funding at HHSC will result in corresponding conforming changes at DFPS and DSHS.</p>



Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
			<b>ADOPT FUNDING IN HB 2</b>	d. Senate provides \$126,654,750 in All Funds (\$64,305,237 in General Revenue, \$53,918,687 in Federal Funds, and \$8,430,826 in Other Funds) for Data Center Services (DCS).
			<b>ADOPT 10.1/10.1 FTEs ADOPT 2.0/2.0 FTEs</b>	House provides \$106,654,750 in All Funds (\$44,305,237 in General Revenue, \$53,918,687 in Federal Funds, and \$8,430,826 in Other Funds) for the same purpose.
				e. See Conference Committee revision.
				f. See Conference Committee revision.
M.1.1 TEXAS CIVIL COMMITMENT OFFICE	\$ 37,704,730	\$ 39,124,874	\$ 1,420,144	
	\$ 40,103,841			
			<b>HOUSE</b>	a. Senate provides an additional \$1,577,916 in General Revenue for caseload growth and a per diem rate increase.
			<b>SENATE</b>	House provides an additional \$3,155,832 in General Revenue for the same purpose.
			<b>ADOPT \$215,543 IN GR 2.0/2.0 FTEs ADOPT \$713,424 IN GR</b>	b. Senate provides \$50,000 in General Revenue for professional audit services.
				c. Senate provides an additional \$107,772 in General Revenue and 1.0/1.0 FTE for an additional case manager.
				d. See Conference Committee revision.
Hospital Uncompensated Care	II-44, Rider #4 Rider Packet, page II-23			Senate retains rider requiring HHSC to ensure consistency among hospital reporting of uncompensated care and to submit an annual report on uncompensated care costs.



Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Substance Abuse Treatment Services		Il-55, Rider #30 Rider Packet, page Il-28		House retains rider listing appropriations to remove certain women off the substance use treatment waitlist. See Strategy D.2.4, Substance Abuse Services.
Community Mental Health Grant Programs	Il-54, Rider #31 Rider Packet, page Il-28  <b>As amended</b>	Il-55, Rider #31 Rider Packet, page Il-28		Senate provides additional detail on purpose of funds included in Strategy D.2.6, Community Mental Health Grant Programs. Senate also requires HHSC to issue a needs and capacity assessment for solicitation of certain grant program proposals.  House permits HHSC to allocate no more than \$10.0 million in federal American Rescue Plan of 2021 funds for Healthy Community Collaborative capital projects.
Federal Funds Reporting Requirement		Il-56, Rider #32 Rider Packet, page Il-30		House identifies appropriations for the Mental Health Block Grant and, in the event that expenditures differ from appropriations, requires HHSC to provide information in the Monthly Financial Report to explain the difference.
Women's Health Programs: Savings and Performance Reporting	Il-56, Rider #36 Rider Packet, page Il-30	Il-57, Rider #37 Rider Packet, page Il-30  <b>As amended</b>		House requires additional reporting requirements, including: 1) the number of eligible clients who received family planning program (FPP) services after contracted awards were fully expended; 2) the amount that HHSC would have reimbursed FPP providers if additional funds were available during the fiscal year; and 3) results of policies designed to reduce enrollment gaps. House also retains language stating that it is the intent of the Legislature to have HHSC undertake corrective measures if the report required by the rider shows reductions in women enrolled or service utilization greater than 10 percent relative to the prior two fiscal years. House adds language requiring HHSC to report program administration changes that may significantly impact services and enrollment to the Legislature within a certain time frame.
Alternatives to Abortion Program	Il-57, Rider #40 Rider Packet, page Il-32	Il-59, Rider #41 Rider Packet, page Il-32		Senate adds a subsection to list appropriations for the Alternatives to Abortion Program.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Breast and Cervical Cancer Services Program Funding	II-58, Rider #41 Rider Packet, page II-33			Senate retains rider listing appropriations for the Breast and Cervical Cancer Services Program.
Reporting on Early Childhood Intervention	II-58, Rider #44 Rider Packet, page II-33	II-60, Rider #44 Rider Packet, page II-33		Senate requires annual report to be submitted by March 1.  House requires annual report to be submitted by December 1.
Reporting on Population Served		II-62, Rider #53 Rider Packet, page II-35		House requires HHSC to report on certain information for the Texas Health Steps Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT), Children's Health Insurance Program (CHIP), Early Childhood Intervention (ECI), Temporary Assistance for Needy Families (TANF), and State Two-Parent Cash Assistance programs.
Dental and Orthodontia Providers in the Texas Medicaid Program	II-64, Rider #68 Rider Packet, page II-35			Senate retains rider stating the intent of the Legislature is to review and prosecute potential abuse of certain providers in Medicaid.
Prevent Eligibility Determination Fraud	II-79, Rider #104 Rider Packet, page II-36			Senate retains rider requiring HHSC to use technology to identify the risk of fraud associated with applications for benefits.
Health and Human Services Cost Containment	II-79, Rider #105 Rider Packet, page II-36			Senate requires HHSC to develop and implement cost containment initiatives. Includes reporting requirement.
Staffing in Lieu of Contracted Responsibilities		II-82, Rider #106 Rider Packet, page II-36		House permits HHSC, with written notification, to adjust the agency's FTE cap if services performed under a contract would be more effectively performed by state personnel.
Independent Living Services Review	II-79, Rider #107 Rider Packet, page II-37	II-82, Rider #105 Rider Packet, page II-37		House states that funds provided for independent living services are to be distributed in accordance with federal law.  Senate and House have different report due dates and different report recipients.
Opioid Treatment Program Central Registry: Dosing Information		II-82, Rider #108 Rider Packet, page II-38		House requires HHSC to evaluate feasibility and costs associated with including patient dosage information in the opioid treatment program central registry. Includes reporting requirement.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Unexpended Balances: Intellectual and Developmental Disabilities (IDD) Crisis Funding	II-80, Rider #108 Rider Packet, page II-38			Senate permits for the transfer of unexpended balances for crisis intervention and respite services within the biennium.
Cost Effective Treatment for Chronic Hepatitis C Virus	II-80, Rider #109 Rider Packet, page II-38  <b>As amended</b>			Senate lists appropriations for Hepatitis C treatment for Medicaid enrollees and state hospital patients, permits HHSC to transfer additional funding for this purpose contingent upon written notification, and states assumptions that HHSC will pursue a rebate agreement for Hepatitis C treatment for Medicaid enrollees.
Rates: Intermediate Care Facilities and Certain Waiver Providers		II-83, Rider #109 Rider Packet, page II-39  <b>As amended</b>		House states intent of the Legislature to not realign rate increases for intermediate care facilities and certain waiver providers through the biennial rate review process and to have HHSC report on reimbursement methodologies to the Eighty-eighth Legislature.
Individualized Skills and Socialization	II-80, Rider #110 Rider Packet, page II-40  <b>As amended</b>			Senate permits HHSC to transfer appropriations in Goal A, Medicaid Client Services, to certain strategies to provide reimbursement for the provision of individualized skills and socialization (ISS) services in waiver programs, contingent upon HHSC requiring ISS providers to submit community engagement plans.
Reporting Requirement: COVID-19 Funding to Nursing Facilities and Hospitals	II-81, Rider #111 Rider Packet, page II-40	II-82, Rider #107 Rider Packet, page II-40  <b>As amended</b>		House requires that the report include information on the uses, in addition to the value, of COVID-19 Federal Funds provided directly to nursing facilities and hospitals.
Access to Federal Data Services Hub		II-83, Rider #112 Rider Packet, page II-41		House requires HHSC to request employment and income information through federal agencies to be used for Medicaid eligibility determinations.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Health and Human Services Cost Containment	II-81, Rider #112 Rider Packet, page II-41  <b>As amended</b>			Senate requires HHSC to develop and implement cost containment initiatives to achieve savings of at least \$350.0 million in General Revenue Funds, and to produce an annual report. Senate also states intent of Legislature to have HHSC achieve savings without negatively impacting access to care and to consider stakeholder input.
STAR+PLUS Pilot Program and Medically Fragile Benefit	II-81, Rider #113 Rider Packet, page II-41			Senate permits HHSC to transfer appropriations in Goal A, Medicaid Client Services, to certain strategies and to increase the FTE cap in order to implement the STAR+PLUS pilot program and Medically Fragile Benefit required by House Bill 4533, Eighty-sixth Legislature, 2019.
Study on Mental Health Continuum of Care for Children and Adolescents		II-83, Rider #113 Rider Packet, page II-42		House requires HHSC to contract with a medical school to conduct a study on improving the continuum of care for children and adolescents in Texas with serious mental illness or substance use disorders. Includes reporting requirement.
Nursing Home Workforce & Quality Task Force		II-83, Rider #114 Rider Packet, page II-43  <b>As amended</b>		House requires HHSC to study workforce shortages in nursing homes. Includes reporting requirement.
Expanding Access to Medicaid Behavioral Health Services through Program Improvements	II-82, Rider #115 Rider Packet, page II-44			Senate requires HHSC to engage Medicaid managed care organizations in addressing issues faced by certain providers. Includes reporting requirement.
Community Care Quality Incentive Payment Program		II-84, Rider #115 Rider Packet, page II-44		House requires HHSC to design a voluntary Quality Incentive Payment Program for Medicaid community care providers. Includes reporting requirement.
Crisis Intervention and Respite Services	II-82, Rider #116 Rider Packet, page II-45			Senate permits HHSC to use funding in Strategy F.1.3, Non-Medicaid IDD Community Services, to identify and use available space at state supported living centers for crisis respite services.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Report on Continuity of Care for Women Aging Out of CHIP and Medicaid	II-82, Rider #117 Rider Packet, page II-45	II-90, Rider #138 Rider Packet, page II-45  <b>As amended</b>		Senate specifies the recipients of the report.  House requires additional reporting requirements regarding the feasibility of implementing an auto-enrollment process for individuals aging out of Medicaid and CHIP into Healthy Texas Women.
STAR Health Psychiatric Rate Evaluation		II-84, Rider #117 Rider Packet, page II-45		House requires HHSC to evaluate rates for psychiatric services provided to children enrolled in STAR Health. Includes reporting requirement.
CHIP Contracts and Administration: Maximize CHIP Administration Fund for Outreach and Enrollment		II-85, Rider #118 Rider Packet, page II-46		House requires HHSC to evaluate expenditure of CHIP administrative funds, and to seek recommendations concerning strategies to maximize CHIP administrative funds. Includes reporting requirement, including implementation plans for at least two strategies. House requires implementation of the plans to begin no later than August 31, 2022.
Work Group on Improving Texas Medicaid Provider Manual Related to Dental Services	II-82, Rider #118 Rider Packet, page II-47  <b>As amended</b>			Senate requires HHSC to establish a workgroup to provide recommendations on improvements in preventing fraud, waste, or abuse in Medicaid dental services. Includes reporting requirement to be submitted to the executive commissioner of HHSC.
Medicaid Program Efficiencies	II-82, Rider #119 Rider Packet, page II-47			Senate requires HHSC to develop and implement efficiencies in Medicaid and CHIP managed care and fee-for-service delivery models, including 1) data sharing for Medicaid provider enrollment, 2) automatic enrollment for applicants who are determined eligible for Medicaid, 3) promotion of electronic provider directories and reductions in paper waste, and 4) modernization of electronic communication and access to care.
Access to Long-acting Reversible Contraception		II-85, Rider #119 Rider Packet, page II-48		House permits HHSC to implement policies to increase access to long-acting reversible contraception (LARC), and requires HHSC to work with federal partners to determine if the Healthy Texas Women Section 1115 Demonstration Waiver may be amended to include a 90 percent federal matching rate for certain administrative functions concerning LARCs.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Equity in Payments		II-85, Rider #120 Rider Packet, page II-49		House directs HHSC to maintain equity in impact between non-state government hospitals and non-government hospitals concerning implementation of fee-for-service supplemental and managed care directed payment programs.
Step-down Housing Pilot for Individuals with Serious Mental Illness	II-83, Rider #120 Rider Packet, page II-49			Senate permits HHSC to allocate federal funds appropriated in Rider 2, Capital Budget, to be used to upgrade buildings at state supported living centers so that they may be used in a step-down transition program for long-term patients of state hospitals. Includes development of an operational plan to establish the program.
Claims for Behavioral Health Services		II-85, Rider #121 Rider Packet, page II-50		House requires HHSC to authorize providers to submit claims for reimbursement of behavioral health services provided via telehealth or telephone in the 2022-23 biennium.
Institutions of Mental Disease Exclusion Waiver		II-85, Rider #122 Rider Packet, page II-50  <b>As amended</b>		House requires HHSC to submit an application to the Centers for Medicare and Medicaid Services (CMS) for approval of a Section 1115 Demonstration Waiver in order to receive federal financial participation for services provided by institutions of mental disease.
Additional Mental Health Community Hospital Beds for Urban Areas	II-83, Rider #122 Rider Packet, page II-50	II-92, Rider #147 Rider Packet, page II-50		Senate provides two separate below-the-line rider appropriations for HHSC to purchase additional inpatient psychiatric beds in urban and rural areas of the state.  House provides an above-the-line appropriation for HHSC for the same purpose. Use of funding is detailed via one rider.
Additional Mental Health Community Hospital Beds for Rural Areas	II-84, Rider #123 Rider Packet, page II-51			See above.
Funding for Healthy Texas Women Program		II-85, Rider #123 Rider Packet, page II-51		House requires HHSC to seek approval to transfer funds for the Healthy Texas Women program in the event that CMS implements changes to the HTW Section 1115 Demonstration Waiver that results in a loss of federal funding.



Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
CHIP Contracts and Administration: CHIP Health Services Initiative (HSI)		II-86, Rider #124 Rider Packet, page II-51		House requires HHSC to receive recommendations for CHIP Health Services Initiatives (HSI) to improve child health. House requires HHSC to submit a plan for federal approval of at least two HSIs, contingent upon certain assumptions being met.
Informational Listing: Women's Health Funding		II-86, Rider #125 Rider Packet, page II-52  <b>As amended</b>		House includes an informational listing of appropriations for women's health programs.
Nursing Facility Payment Methodology		II-86, Rider #126 Rider Packet, page II-52		House states intent of the Legislature to not deploy a replacement nursing facility payment model unless HHSC ensures that funds are available to ensure payments remain at or above levels assumed at the end of the 2020-21 biennium.
Limitations on Usual and Customary Calculations for Pharmacy Reimbursement		II-86, Rider #127 Rider Packet, page II-53		House states intent of the Legislature for HHSC to not require pharmacies to include certain prices when determining a pharmacy's usual and customary price calculation.
Transforming Pediatric Care		II-86, Rider #128 Rider Packet, page II-53		House requires HHSC to evaluate interventions to improve quality of care provided to certain children. Includes reporting requirement.
Relative Certified Nurse Aide (CNA) Program		II-87, Rider #129 Rider Packet, page II-53		House requires HHSC to evaluate the feasibility of establishing a relative certified nurse aide program in Medicaid. Includes reporting requirement.
Review of Provider Payments		II-87, Rider #130 Rider Packet, page II-54		House requires HHSC to conduct an analysis of provider payment rates in Medicaid and CHIP. Includes reporting requirement.
Report on Periodic Income Checks: Children's Medicaid		II-87, Rider #131 Rider Packet, page II-54		House requires HHSC to evaluate children whose Medicaid coverage is impacted by periodic income checks. Includes reporting requirements.
Rate Setting to Improve Health Outcomes		II-87, Rider #132 Rider Packet, page II-55		House requires HHSC to identify rate setting strategies that support Medicaid managed care plans in addressing barriers to good health. Includes reporting requirement.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Study on Step-down Housing		II-88, Rider #133 Rider Packet, page II-56		House requires HHSC to study step-down services that support diverting individuals from inpatient psychiatric services. Includes reporting requirement.
Study on Assisted Living Facility Resident Quality of Care and Resident Satisfaction		II-88, Rider #134 Rider Packet, page II-56		House requires HHSC to study assisted living facility (ALF) residents' quality of care and quality of life, evaluate ALF policies, and evaluate preventable occurrences. Includes reporting requirement.
Medicaid Access to Care and Network Adequacy Study for Durable Medical Equipment Supplies and Services		II-88, Rider #135 Rider Packet, page II-57		House requires HHSC to study barriers to timely access to durable medical equipment. Includes reporting requirement.
Child Care Accessibility and Affordability Study		II-89, Rider #136 Rider Packet, page II-58		House requires HHSC to submit a report on child care accessibility and affordability, and develop a plan to provide accessible and affordable child care to families by the year 2030.
CHIP Allotment Review		II-90, Rider #137 Rider Packet, page II-60		House requires HHSC to provide information on unexpended funds, CHIP clients served, and other evaluations of CHIP expenditures. Includes reporting requirement.
Medicaid Dialysis Cost Effectiveness Study		II-90, Rider #139 Rider Packet, page II-60		House requires HHSC to study cost effective and clinically appropriate methods to provide dialysis services in Medicaid. Includes reporting requirement. House allows HHSC to pursue federal waivers or amendments to implement the findings if it is determined that it is cost effective to make changes to coverage and sites providing dialysis services.
Feasibility of Postpartum Medicaid Expansion		II-91, Rider #140 Rider Packet, page II-61		House requires HHSC to evaluate the feasibility and cost effectiveness of extending Medicaid coverage for women up to 12 months postpartum. Includes reporting requirement. House allows HHSC to work with CMS to extend postpartum Medicaid coverage if it is determined to be feasible and cost effective.
Study Private Insurance Coverage on Early Childhood Intervention Services		II-91, Rider #141 Rider Packet, page II-61		House requires HHSC to study the feasibility of requiring private insurers to reimburse participants for early intervention services. Includes reporting requirement.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Reporting Requirement: Medicaid Coverage throughout Inter-conception		II-91, Rider #142 Rider Packet, page II-62		House requires HHSC to evaluate health outcomes and cost-efficiency of providing Medicaid coverage to women throughout interconception. Includes reporting requirement.
Study Related to 9-8-8 Implementation		II-91, Rider #143 Rider Packet, page II-62		House requires HHSC to study the state's preparedness to comply with the federal National Suicide Hotline Designation Act of 2020. Includes reporting requirement.
Rare Disease Therapy Readiness Study		II-91, Rider #144 Rider Packet, page II-62		House requires HHSC to study ability to provide therapies for rare disease diagnoses. Includes reporting requirement.
Medicaid Managed Care Denial and Appeals Process		II-91, Rider #145 Rider Packet, page II-63  <b>As amended</b>		House requires HHSC to study the denials and appeals process for certain Medicaid enrollees. Includes reporting requirement, including steps HHSC has taken to comply with the external medical review required by Government Code Section 531.024164.
Home Health Personal Assistance COVID-19 Impact Study		II-92, Rider #146 Rider Packet, page II-64		House requires HHSC to study the impact of COVID-19 on the continuity of home health personal assistance services. Includes reporting requirement.
Multi-Assistance Center Demonstration Project		II-92, Rider #148 Rider Packet, page II-64		House requires HHSC to support a demonstration project providing medical, therapeutic, and non-medical services to adults and children with special needs in Bexar county and the south Texas region. HHSC is allowed to transfer and spend up to \$7.5 million in All Funds this purpose. Includes reporting requirement.
Study on Veterans Suicides		II-92, Rider #149 Rider Packet, page II-65		House requires HHSC to collaborate with state and federal agencies and local mental health authorities in order to conduct a study on veteran suicides. Includes reporting requirement.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
1115 Transformation Waiver		IL-93, Rider #150 Rider Packet, page II-66 <b>As amended</b>		House states intent of the Legislature to have HHSC seek a renewal or extension of the 1115 Transformation Waiver from CMS.
Study on Home and Community-based Services (HCS) Waiver Program		IL-93, Rider #151 Rider Packet, page II-67 <b>As amended</b>		House requires HHSC to conduct a study on individuals in the HCS waiver program who have high behavioral and medical needs. Includes reporting requirement.
Utilization of Federal Relief Dollars for Medicaid Home and Community-based Services Programs		IL-94, Rider #152 Rider Packet, page II-67		House states intent of the Legislature to have HHSC spend COVID-19 federal funds on Medicaid initiatives that 1) increase access to care, 2) increase waiver and emergency diversion slots, 3) fund new and existing state laws concerning Medicaid, 4) explore opportunities to draw down additional federal funds, and 5) achieve compliance with federal law and regulations governing home and community-based services. HHSC is also required to ensure funds for provider rate increases are directly reimbursed to providers, that managed care organizations reimburse the full amount of funds to increase access to care, that funds are not spent on payroll or administrative services, and that the funds will supplement and not supplant state appropriations for Medicaid.
Medicaid Provider Rate Increases		IL-94, Rider #153 Rider Packet, page II-68 <b>As amended</b>		House states intent of the Legislature to have HHSC ensure managed care organizations reimburse the full amount of funds that equate to the difference between the state Medicaid fee-for-service rate and the percentage increase associated with the causal event when Medicaid provider rates are increased, regardless of the pre-existing rate in place.
Postpartum Depression Screening and Treatment Report		IL-94, Rider #154 Rider Packet, page II-69		House requires HHSC to coordinate with the Department of State Health Services on a report on prevalence, screening, and treatment of postpartum depression. Includes reporting requirement.
Communications on Electronic Visit Verification (EVV) Issues to Home and Community Care Providers		IL-95, Rider #155 Rider Packet, page II-69 <b>As amended</b>		House requires HHSC to report to home and community care providers on the total hours providers were not reimbursed due to issues with the electronic visit verification (EVV) system.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
<b>Conference Committee Revisions and Additions</b>				
Funding for Additional Long-term Care Regulatory FTEs			<b>ADOPT</b>	Provide an additional \$5,280,363 in Federal Funds and 31.7 FTEs in Strategy H.1.1, Facility/Community-based Regulation, for the purpose of addressing the Long-term Care regulatory backlog.
Funding for TCCO Offsite Healthcare			<b>ADOPT</b>	Provide an additional \$713,424 in General Revenue in Strategy M.1.1, Texas Civil Commitment Office, for the purpose of supporting the costs of offsite healthcare.
Substance Abuse Prevention and Treatment Block Grant			<b>ADOPT</b>	Add a rider to require HHSC to report on the usage of all Substance Abuse Prevention and Treatment Block Grant funds broken down by one-time and ongoing federal funds.
Long-term Care Regulatory Backlog			<b>ADOPT</b>	Add a rider to identify appropriations made available to address a backlog in long-term care regulation.
Facility Support Services			<b>ADOPT</b>	Add a rider to identify legislative intent that additional appropriations for Facility Support Services are to prevent a reduction in force.
Pediatric Long-term Care Facility			<b>ADOPT</b>	Provide an additional \$3,807,647 in All Funds for a rate increase to Pediatric Long-term care facilities, and add a rider identifying the appropriations.
Intellectual and Developmental Disabilities (IDD) Waiver Interest List			<b>ADOPT</b>	Provide an additional \$469,688 in All Funds to revise and administer the Questionnaire for Long-term Services and Supports Waiver Program Interest List. And add a rider directing the use of the appropriated funds for this purpose.
Emergency Triage, Treat, and Transport Demonstration Payment Model			<b>ADOPT</b>	Add a rider directing the agency to implement the Emergency Triage, Treat, and Transport Model and reduce appropriations by \$4,253,772 in All Funds related to the anticipated cost savings.
Court Appointed Special Advocates			<b>ADOPT</b>	Provide an additional \$2,000,000 in General Revenue for Court Appointed Special Advocates.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Alternatives to Abortion Method of Finance Swap	IX-55, Sec. 10.04	IX-55, Sec. 10.04	<b>ADOPT</b>	Reduce the Temporary Assistance for Needy Families (TANF) Federal Funds in the Alternatives to Abortion strategy by \$6,000,000 and replace with \$6,000,000 in General Revenue.
Statewide Behavioral Health Strategic Plan and Coordinated Expenditures			<b>ADOPT</b>	Amend provision in Article IX to require the Statewide Behavioral Health Coordinating Council to submit a report on suicide among veterans and foster youth.
System-wide Business Enablement Platform			<b>ADOPT</b>	Provide 5.1 FTEs in Strategy L.1.1, HHS System Supports, and 10.1 FTEs in Strategy L.1.2, IT Oversight & Program Support, related to a system-wide business enablement platform.
Modernize End-of-Life/End-of-Support Network Equipment			<b>ADOPT</b>	Provide 2.0 FTEs in Strategy L.1.2, IT Oversight & Program Support, related to end-of-life/end-of-support network equipment.
Begin New Construction Projects			<b>ADOPT</b>	Provide 1.0 FTE in Strategy G.4.1, Facility Program Support, related to new state mental health hospital construction projects.

**S02 SPECIAL PROVISIONS RELATING TO ALL HEALTH AND HUMAN SERVICES AGENCIES**

<b>Item</b>	<b>Senate 2022-23</b>	<b>House 2022-23</b>	<b>Biennial Difference</b>	<b>Explanation</b>
	II-85	II-96		
Limitations on Transfer Authority	II-87 Sec. #6 Rider Packet, page II-70	II-98 Sec. #6 Rider Packet, page II-70		Senate provides transfer authority between all the health and human service agencies in Article II.  House provides transfer authority between the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS).
System Support Services	II-89 Sec. #9 Rider Packet, page II-71	II-100 Sec. #9 Rider Packet, page II-71		Senate limits system support service transfer to appropriations in HHSC, Goal L, System Oversight and Program Support.  House provides additional transfer authority for system support services contingent on legislative approval.
Appropriation of Receipts: Damages and Penalties	II-91 Sec. #11 Rider Packet, page II-74	II-103 Sec. #11 Rider Packet, page II-74		Senate includes General Revenue Match for Medicaid funding for the Office of Inspector General contingent upon receipt of revenue.  House remove the reference to the Office of inspector General from the contingent revenue requirements.
Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements	II-94 Sec. #14 Rider Packet, page II-75  <b>As amended</b>	II-105 Sec. #14 Rider Packet, page II-75		House includes a decrease of Public Health Medicaid Reimbursement appropriation to HHSC and to prioritize distribution of funds to the DSHS Laboratory. See HHSC strategy A.4.1, Non-full Benefit Payments.
Unexpended Balance Authority for Certain Funds Supporting Capital Projects	II-97 Sec. #25 Rider Packet, page II-78			Senate provides unexpended balance authority for DSHS and Department of Family and Protective Services (DFPS) appropriation related to system support capital projects.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Increase to Federal Medical Assistance Percentage (FMAP)		II-108 Sec. #25 Rider Packet, page II-78		House states intent of the Legislature for HHSC and DFPS to utilize the 6.2 point FMAP to the extent allowable.
<b>Conference Committee Revisions and Additions</b>				
Federal Funds Requirements			<b>ADOPT</b>	Amend Section 24 of Article II Special Provisions to add a requirement for agencies to report on the level of General Revenue used for Maintenance of Effort (MOE) by federal grant.
Reimbursement Rates and Methodology; Reporting Requirements: Legacy Foster Care, Community-based Care Services, and Other Child Services			<b>ADOPT</b>	Add new Section to appropriate \$452,616 in General Revenue and \$2,692 in Federal Funds (\$455,308 in All Funds), and 1.0 FTE to DFPS and \$2,810,482 in General Revenue and \$355,652 in Federal Funds (\$3,166,134 in All Funds), and 6.1 FTEs to HHSC in order to establish a proposal for an alternative reimbursement methodology for Foster Care and Community-based Care.



**Department of Family and Protective Services**  
**Amended Rider**  
**Limitation on Transfers: Foster Care, Adoption Subsidy, Permanency Care Assistance, and Relative Caregiver Payments.**

Prepared by LBB Staff, 05/06/2021

**Overview**

Amend to require written approval to transfer funds out of these strategies and allow the disapproval of the transfers within a 30 day period.

**Required Action**

On page II-6 of the Department of Family and Protective Services bill pattern, amend the following rider:

5. **Limitation on Transfers: Foster Care, Adoption Subsidy, Permanency Care Assistance, and Relative Caregiver Payments.** Notwithstanding Article IX, Sec. 14.0 Appropriation Transfers and Article IX, Sec. 14.03, Transfers - Capital Budget in this Act, the Department of Family and Protective Services (DFPS) may only transfer funds into ~~out of~~ Strategies B.1.9, Foster Care Payments; B.1.10, Adoption/PCA Payments; or B.1.11, Relative Caregiver Payments, with prior written notification to the Legislative Budget Board and the Governor 30 days prior to the transfer. The Legislative Budget Board and the Governor may disapprove the transfer during the 30 day period.

DFPS may only transfer funds out of Strategies B.1.9, Foster Care Payments; B.1.10, Adoption/PCA Payments; or B.1.11, Relative Caregiver Payments, with the prior written approval of the Legislative Budget Board and the Governor.

**Department of Family and Protective Services**  
**Amend Rider**  
**Other Reporting Requirements**

Prepared by LBB Staff, 05/06/2021

**Overview**

Amend rider to have the quarterly reports due within 60 days of the end of the fiscal quarter and remove language related to having the LBB and Governor’s Office request information.

**Required Action**

On page II-6 of the Department of Family and Protective Services bill pattern, amend the following rider.

**6. Other Reporting Requirements.**

- a. **Monthly Financial Reports.** DFPS shall submit the following information to the Legislative Budget Board and the Governor no later than 30 calendar days after the close of each month:
  - (1) Information on appropriated, budgeted, expended, and projected funds, by strategy and method of finance.
  - (2) A report detailing revenues, expenditures, and balances for earned federal funds as of the last day of the prior month.
  - (3) Narrative explanations of significant budget adjustments, ongoing budget issues, and other items as appropriate.
  - (4) A report providing a breakdown of the budgeted versus actual Child Protective Services Direct Delivery Full-time Equivalents (FTE) by case stage and by region.
  - (5) Select Child Protective Services performance measures continued from the fiscal year 2017 critical needs reports, as determined by the Legislative Budget Board.
  - (6) Any other information requested by the Legislative Budget Board or the Governor.
- The monthly financial reports shall be prepared in a format specified by the Legislative Budget Board.
- b. **Quarterly Updates.** DFPS shall submit the following information to the Legislative Budget Board and the Governor on a quarterly basis for each month in fiscal years 2019through 2023: program expenditures and projected expenditures by method of finance and performance measure targets for Strategies A.1.1, Statewide Intake Services; B.1.1, CPS Direct Delivery Staff; B.1.3, TWC Contracted Day Care; B.1.9, Foster Care Payments; B.1.10, Adoption Subsidy/PCA Payments; B.1.11, Relative Caregiver Payments; and D.1.1, APS Direct Delivery Staff. DFPS shall also submit data used to calculate the performance measure actuals for StrategiesA.1.1, Statewide Intake Services; B.1.1, CPS Direct Delivery Staff; and D.1.1, APS Direct Delivery Staff, as well as other statewide intake data related to call abandonment. The reports shall be submitted within ~~39~~60 days of the end of each fiscal quarter in a format specified by the Legislative Budget Board.
- c. **Litigation Involving Child Welfare Services Providers.** DFPS shall notify the Legislative Budget Board and the Governor in a timely manner about any pending litigation against DFPS or against any entity providing child welfare services under contract with DFPS, and the subject matter of the litigation.
- d. **Monthly Data and Forecasts.**
  - (1) DFPS shall submit actual and projected caseloads and related expenditure amounts to the Legislative Budget Board and the Governor for foster care, adoption assistance, permanency care assistance, relative caregiver, community-

based care, and day care. Data for other programs shall be submitted upon request of the Legislative Budget Board or the Governor. The data shall be submitted in a format specified by the Legislative Budget Board. ~~At the request of the Legislative Budget Board or the Governor supporting documentation detailing the sources and methodologies utilized to develop any caseload or expenditure projections and any other supporting material must be provided.~~

(2) DFPS shall provide a report to the legislature and shall publish the report and make the report available electronically to the public not later than the 15<sup>th</sup> day of each month containing the following information for the preceding month: 1) the regional statistics for children in DFPS care which includes age, sex, ethnic group, disabilities, and the level of services the children receive; statistics showing where children are living compared to their home region and the types of facilities and living arrangements where they were placed; 2) the key staffing and outcome measures for Statewide Intake, Adult Protective Services, Child Protective Investigations, and Child Protective Services; and 3) the total number of reports to Statewide Intake broken down by source; the total number of reports to Statewide Intake that are considered Information and Referrals; the total number of each type of allegation and the number of confirmed cases via an investigation for reports that meet the statutory definition of abuse, neglect, or exploitation; and the total number of exits from CPS custody broken down by exit type. DFPS may work with a third-party entity to help collect, analyze, and report the following data.

**Department of Family and Protective Services**  
**Amend Rider**  
**Federal Funds Maximization.**

Prepared by LBB Staff, 05/06/2021

**Overview**

Amend to delete approval mechanism.

**Required Action**

On page II-16 of the Department of Family and Protective Services bill pattern, add the following rider:

\_\_\_\_. **Federal Funds Maximization.** The Department of Family and Protective Services (DFPS) shall submit progress reports related to the agency's efforts to maximize federal funds, including identifying the strategies DFPS has implemented and any successes and challenges in maximizing funding. DFPS shall also report how the agency can maximize federal funds by program and funding source. Progress reports shall be submitted by September 1 and March 1 of each year to the Legislative Budget Board and the Governor.

~~No funds in this Act appropriated to DFPS as match for federal funds may be expended as unmatched General Revenue without prior written approval of the Legislative Budget Board and the Governor.~~

In addition, within 60 days of the end of each fiscal quarter, DFPS shall submit a report related to the use of Title IV-E federal funding and state funding utilized for children in conservatorship of the state placed in a congregate care setting. The report shall include the total number of children in congregate care, the subtotal of children broken down by level of care, and total funding by method of finance. The reports shall be submitted to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing committee Joint Legislative Oversight Committees, as appropriate.

**Department of Family and Protective Services**  
**Proposed Rider**  
**Family First Transition Act Funds**

Prepared by LBB Staff, 03/25/2021

**Overview**

Direct the use of federal funds received by the Department of Family and Protective Services under the Family First Transition Act.

**Required Action**

1. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider.

\_\_\_\_\_. **Family First Transition Act Funds.** Out of funds appropriated above, the Department of Family and Protective Services (DFPS) is appropriated \$33,873,867 in Family First Transition Act (FFTA) federal funds in the 2022-23 biennium to implement the following programs in an effort to come into compliance with the federal Family First Prevention Services Act (FFPSA):

- (1) \$4,450,000 in Federal Funds in each fiscal year of the biennium in order to pilot FFPSA prevention services coordinated through Child Protective Services, including homeless foster youth, contingent on enactment of House Bill 3041, or similar legislation relating to the provision of certain services by the Department of Family and Protective Services as an alternative to removing a child and certain procedures with respect to children in the managing conservatorship of the department;
- (2) \$4,900,000 in Federal Funds in each fiscal year of the biennium to purchase pilot services and interventions for children who are at imminent risk of being removed from the child's home and placed into the conservatorship of DFPS because of a continuing danger to the child's physical health or safety caused by an act or failure to act of a person entitled to possession of the child, but for whom a court of competent jurisdiction has issued an order allowing the child to remain safely in the child's home or in a kinship placement with the provision of family preservation services, contingent on enactment of House Bill 3041, or similar legislation relating to the provision of certain services by the Department of Family and Protective Services as an alternative to removing a child and certain procedures with respect to children in the managing conservatorship of the department;
- (3) \$1,300,000~~\$1,300,000~~ in Federal Funds in each fiscal year of the biennium for the Nurse Family Partnership to expand capacity as allowed by the FFPSA; and
- (4) \$4,986,933 in Federal Funds in fiscal year 2022 and \$4,986,934 in Federal Funds in fiscal year 2023 to add to the DFPS Qualified Residential Treatment Pilot (QRTTP) pilot project.
- (5) \$1,300,000 in Federal Funds in each fiscal year for the transition of family-based safety services program to evidenced-based programs under FFPSA contingent on enactment of Senate Bill 1896, or similar legislation relating to the regulation of child-care facilities and foster care placements and services and the creation of the Office of Community-Based Care Transition.

In addition to funds allocated above, DEPS shall report on the progress of increasing the capacity of qualifying community-based prevention and family preservation services, including a full accounting of funds expended. The report shall be prepared in a format specified by the Legislative Budget Board and shall be submitted by March 31 and September 30 of each fiscal year of the biennium. The report shall be provided to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate. The report shall also be posted on the agency's public webpage in order to ensure transparency with the public and stakeholders.

**Department of Family and Protective Services**  
**Amend Rider**  
**Capacity Study**

Prepared by LBB Staff, 05/06/2021

**Overview**

Amend rider to remove reference to pregnant and parenting foster youth.

**Required Action**

On page II-17 of the Department of Family and Protective Services bill pattern, add the following rider.

- \_\_\_\_\_. **Capacity Study.** Out of funds appropriated above in Strategy B.1.2, CPS Program Support, the Department of Family and Protective Services shall conduct a study to review current capacity, ~~and services for pregnant and parenting foster youth.~~ The study shall offer recommendations on how to improve capacity and offer recommendations on where capacity can be improved by geographical region. The report shall be submitted no later than November 1, 2022, to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate.

**Department of Family and Protective Services**  
**Amend Rider**  
**Office of the Ombudsman**

Prepared by LBB Staff, 05/06/2021

**Overview**

Amend rider to include the number of FTEs to be transferred.

**Required Action**

1) On page II-17 of the bill pattern for the Department of Family and Protective Services, amend the following rider:

\_\_\_\_\_. **Office of the Ombudsman.** Out of funds appropriated above to the Department of Family and Protective Services (DFPS) for the purposes of establishing or maintaining an ombudsman, DFPS shall transfer ~~the corresponding funds~~ and 5.0 full-time equivalents (FTEs) and the corresponding funds to the Health and Human Services Commission for the same purpose.



By: \_\_\_\_\_

**Department of Family and Protective Services**  
**Amend Rider**  
**Transportation Study**

Prepared by LBB Staff, 05/06/2021

**Overview**

Amend rider to conduct a study on transportation availability and needs.

**Required Action**

1) On page II-17 of the bill pattern for the Department of Family and Protective Services, add the following rider:

\_\_\_\_\_. **Transportation Pilot Program Study.** Out of funds appropriated above in ~~Strategy B-1.8, Other CPS Purchased Services,~~ the Department of Family and Protective Services (DFPS) shall conduct a study to determine ~~if it is cost effective to establish a pilot program to expand~~ the transportation options available and needs for children and parents in order to ~~determine if~~ improve reunification outcomes. ~~can be improved by supporting family visitation, and better enabling parents to participate in services required under their plan of service through assistance of Transportation Network Companies.~~ This study shall be submitted no later than December 1, 2022, to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate.

**Department of Family and Protective Services**  
**Proposed Rider**  
**Conservatorship Caseload Per Worker.**

Prepared by LBB Staff, 05/11/2021

**Overview**

Provide direction to the Department of Family and Protective Services that funding is to be used to achieve a conservatorship caseload of 14.5 children per worker and add a reporting requirement.

**Required Action**

On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

- XX. **Conservatorship Caseload Per Worker.** Included in appropriations above to the Department of Family and Protective Services (DFPS) in Strategy B.1.1, CPS Direct Delivery Staff, is \$36,404,104 in General Revenue (\$40,194,026 in All Funds). It is the intent of the legislature to use these funds on conservatorship caseworkers to achieve a conservatorship caseload of 14.5 children per worker.

DFPS shall submit within 30 days of the end of each fiscal quarter, the conservatorship caseload per worker ratio as well as information on the steps the agency is taking towards achieving the target if the number of children per worker is above the target. The report shall be submitted to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate.

**Department of Family and Protective Services**  
**Proposed Rider**  
**Community-based Care (CBC) Capacity**

Prepared by LBB Staff, 05/10/2021

**Overview**

Add rider to direct funds for providers in Community-based Care to build capacity.

**Required Action**

On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider.

- \_\_\_\_\_. **Community-based Care (CBC) Capacity.** Out of funds appropriated above, the Department of Family and Protective Services is appropriated \$32,902,402 in General Revenue (\$34,816,330 in All Funds) for the 2022-23 biennium to build placement capacity in CBC regions by providing temporary rate increases, awarding incentive payments to providers showing improvement on performance measures, and through grants to providers.

**Department of State Health Services**  
**Proposed Rider**  
**Texas HIV Medication Program**

Prepared by LBB Staff, 5/6/2021

**Overview**

Amend a rider in the Department of State Health Services bill pattern to direct the Department of State Health Services to implement measures to maintain the Texas HIV Medication Program within appropriated levels.

**Required Action**

On page II-29 of the Department of State Health Services bill pattern, amend the following rider:

26. **Texas HIV Medication Program.** It is the intent of the Legislature that the Department of State Health Services (DSHS) maximize appropriations to the Texas HIV Medication Program by:
- (a) applying for the maximum supplemental award for HIV Care Formula Grants each year; and
  - ~~(b) implementing an insurance purchase model to pay for insurance premiums and HIV medication co-pays for up to 20.0 percent of medication clients to increase HIV Vendor Drug Rebate revenue; and~~
  - ~~(c)(b)~~ implementing the cost containment measures outlined in 25 Texas Administrative Code §98.115 as needed.

DSHS shall notify providers and other relevant stakeholders at least 60 days before implementing any cost containment measures for the Texas HIV Medication Program.

**Department of State Health Services**  
**Proposed Funding and Rider**  
**Emergency Medical Task Force**

Prepared by LBB Staff, 5/6/2021

**Overview**

Amend a rider to change the method of finance and amounts and clarify the uses of funding related to the Emergency Medical Task Force.

**Required Action**

On page II-30 of the Department of State Health Services bill pattern, amend the following rider:

**28. Emergency Medical Task Force.**

- (a) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, the Department of State Health Services (DSHS) shall provide \$1,000,000 transfer \$2,000,000 in each fiscal year of the biennium out of Federal General Revenue Funds to the eight regional Emergency Medical Task Force (EMTF) Lead Regional Advisory Councils (RACs) to fund ongoing programs, exercises, and readiness for the Emergency Medical Task Force (EMTF).
- (b) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall provide \$250,000 transfer \$500,000 in each fiscal year of the biennium out of Federal General Revenue Funds to the Southwest Texas RAC (as the State Coordinating Office for the EMTF program) to fund the management of the EMTF program.
- (c) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall provide \$1,250,000 transfer \$2,500,000 in each fiscal year of the biennium out of Federal General Revenue Funds to the Southwest Texas RAC for the replacement of critical emergency medical response equipment statewide, including specialized emergency medical vehicles, trailers, inflatable equipment, and durable medical equipment.

**Department of State Health Services**  
**Proposed Rider**  
**Report on Federal Public Health Funding to Local Health Entities**

Prepared by LBB Staff, 5/6/2021

**Overview**

Amend a rider to require the Department of State Health Services to report on federal funding provided to local health entities every six months.

**Required Action**

On page II-21 of the Department of State Health Services bill pattern, amend the following rider:

32. **Report on Federal Public Health Funding to Local Health Entities.** The Department of State Health Services shall produce a biannual report on the allocation of federal public health funding received from the Centers for Disease Control and Prevention. The first report shall include federal public health funding allocated from between-January 1st, 2020, to ~~July 1st~~ August 31, 2021, to state programs and local health entities. The report shall be provided to the Governor, Lieutenant Governor, Chair of the House and Senate Finance Committees, Chair of the House Public Health Committee, and Chair of the Senate Health and Human Services Committee by ~~January 31st, 2022~~ October 1, 2021. DSHS shall provide updated reports including six additional months of federal public health funding every subsequent six months.

**Department of State Health Services**  
**Proposed Rider**  
**Report on COVID-19 Immunization Distribution Equity**

Prepared by LBB Staff, 5/6/2021

**Overview**

Amend a rider in the Department of State Health Services bill pattern to direct the Department of State Health Services to report on COVID-19 immunization distribution equity.

**Required Action**

On page II-31 of the Department of State Health Services bill pattern, amend the following rider:

33. **Study Report on COVID-19 Testing and Immunization Distribution Equity.**

- (a) Out of available Federal Funds in amounts appropriated above to the Department of State Health Services for Strategy A.2.1, Immunize Children and Adults in Texas, the ~~department~~ Department of State Health Services shall allocate an amount as necessary for the purpose of ~~conducting a study reporting~~ on the equity of COVID-19 testing and immunization distribution in this state.
- (b) The ~~report study~~ conducted under this rider must identify any disparities in the distribution of or access to COVID-19 ~~tests and~~ immunizations and vaccine hesitancy rates in this state based on an individual's race, gender, socioeconomic status, and geographic location.
- (c) Not later than December 31, 2022, the Department of State Health Services shall submit the following information to the legislature ~~a report that includes:~~
  - (1) the findings of the report study conducted under this rider; and
  - (2) recommendations for making the distribution of and access to COVID-19 ~~tests and~~ immunizations more equitable in this state.

**Department of State Health Services**  
**Proposed Rider**  
**Alzheimer’s Disease Program**

Prepared by LBB Staff, 05/10/2021

**Overview**

Add a new rider at the Department of State Health Services to direct funding to replace the agency’s five percent reduction to the Alzheimer’s Disease program.

**Required Action**

On page II-XX of the Department of State Health Services bill pattern, add the following rider:

\_\_\_\_\_. **Alzheimer’s Disease Program.** Out of the amounts appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services shall expend \$500,000 in General Revenue in each fiscal year on the public awareness campaign for the Alzheimer’s Disease Program.



**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Supplemental Payment Programs Reporting and Appropriation Authority for**  
**Intergovernmental Transfers**

Prepared by LBB Staff, 05/07/2021

**Overview**

Amend Health and Human Services Commission (HHSC) Rider 16, Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers, to provide further specification on the use of full-time-equivalents, amend certain reporting requirements, and make other minor modifications.

**Required Action**

On Senate page II-49 of the Health and Human Services Commission bill pattern, amend the following rider:

16. **Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall report certain financial and expenditure information regarding supplemental payment programs, including, but not limited to, the Disproportionate Share Hospital (DSH) program, the Uncompensated Care (UC) Pool, the Public Health Provider Charity Care ~~Pool~~~~Program~~ (PHP-CCP), and other state directed payment programs, supplemental, or other payments where the source of the non-federal share is intergovernmental transfers (IGTs) or certified public expenditures (CPEs), and any successor programs.
- (a) HHSC shall report quarterly:
- (1) Prospective payment estimates, aligning estimated payments reporting with the CMS-37. The report will include a prospective certification that the requisite matching state and local funds are, or will be, available for the certified quarter. The quarterly financial report provides a statement of the state's Medicaid funding requirements for a certified quarter through summary data by each program; and
- (2) Expenditures made in the previous quarter, aligning expenditure reporting with the CMS-64. The report will include actual expenditures allowable under state and federal requirements. HHSC will report the recipients of all funds distributed by the commission for all supplemental payment programs. The report shall include:
- (A) the recipients of funds by program;
- (B) the amount distributed to each recipient; and
- (C) the date such payments were made.
- (b) HHSC shall report annually:
- (1) Information on all mandatory payments to a Local Provider Participation Fund (LPPF) and all uses for such payments, including the amount of funds from an LPPF for each particular use;
- (2) The total amount of IGTs used to support Medicaid;
- (3) The total amount of CPEs used to support Medicaid;
- (4) A summary of any survey data collected by HHSC to provide oversight and monitoring of the use of local funds in the Medicaid program; and

- (5) All financial reports submitted to the Centers for Medicare and Medicaid Services related to programs that use local funds in the Medicaid program.
- (c) IGTs of funds from institutions of higher education are appropriated to HHSC for the non-federal share of uncompensated care or delivery system reform incentive payments or monitoring costs under the Healthcare Transformation and Quality Improvement Program 1115 Waiver.
- (d) In an effort to maximize the receipt of federal Medicaid funding, HHSC is appropriated and may expend IGT received as Appropriated Receipts-Match for Medicaid No. 8062 for the purpose of matching Medicaid Federal Funds for payments to Medicaid providers and to offset administrative costs for programs HHSC administers for other entities.
- (e) From funds appropriated elsewhere in the act, HHSC shall provide a copy of the annual independent audit conducted of DSH and UC in compliance with federal requirements. HHSC shall provide a report of the audit's findings annually by June 30 to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, the Senate Finance Committee members, the House Appropriations Committee members, and the Legislative Budget Board.
- (f) HHSC will use the sums transferred from state owned hospitals as provided elsewhere in the Act as necessary to apply for appropriate matching Federal Funds and to provide the state's share of disproportionate share payments and uncompensated care payments authorized under the federal Healthcare Transformation and Quality Improvement Waiver, excluding payments for physicians, pharmacies, and clinics, due to state-owned hospitals. Any amounts of such transferred funds not required for these payments shall be deposited by HHSC to the General Revenue Fund as unappropriated revenue. Payments for physicians, pharmacies, and clinics are governed by Special Provisions Relating Only to Agencies of Higher Education, §54.
- (g) By October 1 of each fiscal year, HHSC shall present a schedule of projected transfers and payments to the Comptroller of Public Accounts, the Governor, and the Legislative Budget Board.
- (h) In addition to the "Number of Full Time Equivalents E(FTE)" appropriated above, an additional ~~25.04~~2.0 FTEs are authorized for each year of the 2022-23 biennium if HHSC determines the additional staff are necessary implement the extension of the Healthcare Transformation and Quality Improvement 1115 waiver, including for increased monitoring and oversight of the use of local funds, and administration of new directed-payment programs and new supplemental payment programs. Of the additional FTEs authorized by this subsection, HHSC shall designate no less than 14.0 FTEs for the oversight, evaluation, and monitoring of the use of all funds, including local funds, in the Medicaid program.
- (i) Notwithstanding the limitations in Article IX, Section 14.03, Transfers - Capital Budget, and Rider 84, Limitations on Transfer Authority, HHSC is authorized to transfer from an existing capital budget item or non-capital budget item to a new capital budget item not present in the agency's bill pattern to implement an electronic data collection and storage tool for the collection of information to support monitoring of local funds used in the Medicaid program, provided that HHSC determines that the project is necessary to meet the state's responsibilities under the Special Terms and Conditions for the Healthcare Transformation and Quality Improvement Program 1115 waiver.
- (j) HHSC shall evaluate the funding impact, by provider type and class, of the discontinuation of the Delivery System Reform Incentive Payment program and implementation of successor programs on public and rural hospitals. HHSC shall report on the evaluation and findings and recommendations to the Governor, the Legislative Budget Board, the Lieutenant Governor, and the Speaker of the House of Representatives by October 1, 2022.

**Health and Human Services Commission**  
**Proposed Rider**  
**Applied Behavioral Analysis**

Prepared by LBB Staff, 05/07/2021

**Overview**

Amend House Rider 19, Intensive Behavioral Intervention, to change references from Intensive Behavioral Intervention to Applied Behavioral Analysis, align amounts identified with funding decisions, and express legislative intent regarding the start date of services.

**Required Action**

On House page II-52 of the Health and Human Services Commission bill pattern, amend the following rider:

19. **Applied Behavioral Analysis**~~Intensive Behavioral Intervention~~. Included in amounts appropriated above is ~~\$22,694,782~~\$25,255,298 in General Revenue and ~~\$36,222,097~~\$8,178,489 in Federal Funds in fiscal year 2022 and ~~\$54,321,706~~\$22,893,966 in General Revenue and ~~\$86,590,634~~\$35,728,373 in Federal Funds in fiscal year 2023 in Strategy A.1.2, Disability Related, and ~~\$12,264,109~~\$2,905,103 in General Revenue and ~~\$20,337,002~~\$4,521,028 in Federal Funds in fiscal year 2022 and ~~\$34,955,894~~\$12,655,670 in General Revenue and ~~\$43,009,476~~\$19,750,467 in Federal Funds in fiscal year 2023 in Strategy A.1.5, Children, for ~~applied behavioral analysis (ABA)~~intensive behavioral intervention services for autism. It is the intent of the legislature that the Health and Human Services Commission implement ABA services as soon as practicable, but not later than February 1, 2022.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Study on Improving Access to Pediatric Services**

Prepared by LBB Staff, 05/16/2021

**Overview**

Amend House Rider 20, Improving Access to Pediatric Services, to require the Health and Human Services Commission to study whether rate increases for certain services for children ages 0 to 3 result in savings to Medicaid.

**Required Action**

On House page II-52 of the Health and Human Services bill pattern, strike the text of Rider 20, Improving Access to Pediatric Services, and replace with the following rider:

\_\_\_\_\_. **Study on Improving Access to Pediatric Services.**

(a) Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall study whether rate increases for services provided in any setting by a physician, including a specialist, to children ages 0 to 3 result in savings to the Medicaid program from reduced emergency room visits, reduced hospital admissions, reduced extended stays in neonatal intensive care units, and any other access to care related savings identified by HHSC. The study shall examine the feasibility of determining an actuarially sound basis for cost and savings pursuant to federal actuarial soundness requirements. HHSC shall seek public input on the study.

(b) HHSC shall report and make recommendations to the Legislative Budget Board and Governor by November 1, 2022 regarding the feasibility of cost neutral rate increases that could be implemented to improve access and reduce utilization in more expensive settings.

(c) If HHSC's recommendations include a possibility that rate increases can be implemented in a cost neutral manner, and is actuarial sound, HHSC may implement the recommendation as a pilot beginning on March 1, 2023.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Managed Care Procurement Benchmarks**

Prepared by LBB Staff, 05/14/2020

**Overview**

Amend Senate Rider 21, Benchmarks for Managed Care Organizations, to expand reasons the Health and Human Services Commission should use to give preference to a managed care organization when awarding contracts and to remove the reporting requirement.

**Required Action**

On Senate page II-52 of the Health and Human Services Commission bill pattern, amend the following rider:

21. **Benchmarks for Managed Care Organizations.** Pursuant to Government Code §536.052(b), the Health and Human Services Commission (HHSC) shall develop quality of care and cost-efficiency benchmarks for managed care organizations participating in Medicaid and the Children’s Health Insurance Program (CHIP). Pursuant to Government Code §536.052(d), in awarding contracts to managed care organizations under Medicaid and CHIP, HHSC shall give preference to managed care organizations that meet the quality of care and cost-efficiency benchmarks. Appropriations in Strategy B.1.1, Medicaid Contracts & Administration, for fiscal year 2023 are contingent on HHSC developing the required benchmarks by September 1, 2022. HHSC shall report on the development of the benchmarks and plans for their use in managed care procurements to the Governor and the Legislative Budget Board by August 15, 2022.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Community Mental Health Grant Programs**

Prepared by LBB Staff, 05/07/2021

**Overview**

Amend Senate Rider 31, Community Mental Health Grant Programs, to remove language concerning needs and capacity assessments and add language concerning federal grants for Healthy Community Collaboratives.

**Required Action**

On Senate page II-54 of the Health and Human Services Commission bill pattern, amend the following rider:

31. **Community Mental Health Grant Program**

- (a) **Informational Listing.** Included in amounts appropriated above in Strategy D.2.6, Community Mental Health Grant Programs, is the following:

- (1) \$10,000,000 in General Revenue in each fiscal year of the biennium for a grant program for mental health services for veterans and their families established pursuant to Government Code, Section 531.0992;
- (2) \$25,000,000 in General Revenue in each fiscal year of the biennium for a grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment established pursuant to Government Code, Section 531.0993;
- (3) \$5,000,000 in General Revenue in each fiscal year of the biennium for a grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment in the most populous county established pursuant to Government Code, Section 531.09935;
- (4) \$20,000,000 in General Revenue in each fiscal year of the biennium for a community mental health grant program established pursuant to Government Code Section 531.0991; and
- (5) \$12,500,000 in General Revenue in each fiscal year of the biennium to provide grants for Healthy Community Collaboratives pursuant to Government Code, Section 539.002.

- (b) **Unexpended Balance Authority within the Biennium.** Any unexpended balances remaining at the end of the first fiscal year of the biennium in Strategy D.2.6, Community Mental Health Grant Programs, are appropriated for the same purposes for the second fiscal year of the biennium.

- (c) **Reporting Requirement.** By November 1, 2022, HHSC shall submit a report detailing the expenditure of funds appropriated in Strategy D.2.6, Community Mental Health Grant Programs. The report shall include the following: the number of grants awarded, amount awarded per entity, effectiveness of the grants, the number of individuals served by each grant program, and any other information requested by the Legislative Budget Board. The report shall be submitted to the Legislative Budget Board, the Governor, the Senate Finance Committee, and the House Appropriations Committee.

(d) **Other Requirements.**

(1) Contingent upon the availability of local matching funds pursuant to Government Code, Section 539.002, \$10,000,000 in General Revenue for the biennium from the amount identified above in subsection (a)(5) may be allocated to fund Healthy Community Collaboratives in rural areas. HHSC shall consider funding received by a collaborative from the Texas Department of Housing and Community Affairs prior to releasing funds in subsection (a)(5) to the collaborative.

(2) Contingent upon the availability of federal funds for this purpose, and to the extent allowed by state or federal law, HHSC may allocate not more than \$10,000,000 for the biennium for the purpose of funding capital projects that do not receive local matching funds to establish or expand Healthy Community Collaboratives.

~~HHSC shall issue a needs and capacity assessment to solicit grant program proposals for the funding identified in subsection (a)(2):~~

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Women's Health Programs: Savings and Performance Reporting**

Prepared by LBB Staff, 05/07/2021

**Overview**

Amend House Rider 37, Women's Health Programs: Savings and Performance Reporting, to change the content of the required report. Also make other minor modifications.

**Required Action**

On House page II-57 of the Health and Human Services Commission bill pattern, amend the following rider:

37. **Women's Health Programs: Savings and Performance Reporting.** The Health and Human Services Commission shall submit an annual report on the Healthy Texas Women (HTW), ~~Healthy Texas Women Plus~~ (HTW Plus), Family Planning Program (FPP), and Breast and Cervical Cancer Services Program, due August 1 of each year, to the Legislative Budget Board and the Governor's Office that includes the following information for each program:

- (a) Enrollment levels of targeted low-income women and service utilization by geographic region, including total number of unduplicated patients served, delivery system, and age from the prior two fiscal years;
- (b) Savings or expenditures in the Medicaid program that are attributable to enrollment levels as reported in section (a);
- (c) Descriptions of all outreach activities undertaken for the reporting period, including those focused on recruiting new specialty provider types;
- (d) The total number of providers, by geographic region and provider type, enrolled in each program, and providers from legacy Women's Health Programs (including Texas Women's Health Program) not to include duplications of providers or ancillary providers;
- (e) The average and median numbers of program clients, and the total number of unduplicated patients served, detailed by provider;
- (f) The number of program clients with a paid claim, detailed by provider type;
- ~~(g) The number of eligible clients who received FPP services after the provider exhausted the contracted funds awarded to provide FPP services (i.e. funds gone) and the amount of FPP funds that would have been reimbursed for these services if additional FPP funds had been available during the fiscal year;~~
- ~~(g)~~ (h) The count of women in HTW and FPP receiving a long-acting reversible contraceptive;
- ~~(h)~~ (i) The service utilization by procedure code. The annual report submitted as required above must satisfy federal reporting requirements that mandate the most specific, accurate, and complete coding and reporting for the highest level of specificity;
- (j) Total expenditures, by method of finance and program;



(jk) Results of policies designed to reduce enrollment gaps, including but not limited to the number of unduplicated women automatically or administratively-enrolled into HTW from other Medicaid programs or the Children's Health Insurance Program, and recommendations for further reducing enrollment gaps, ~~and any impacts to funding resulting from procedural denials and enrollment gaps in HTW;~~ and

(kl) Number of unduplicated women who are determined eligible and enrolled into HTW after their Medicaid for Pregnant Women ends.

~~It is the intent of the Legislature that if the findings of the report show a reduction in women enrolled or of service utilization of greater than ten percent relative to the prior two fiscal years, the agency shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.~~

This report shall also identify program changes that would maximize outreach and enrollment. ~~HHS shall work with women's health providers, advocates, and other stakeholders. It is the intent of the Legislature, any changes to program administration that may significantly impact client services and enrollment shall be reported to the Legislature within 30 days of the agency becoming aware of the change with information regarding the projected impact of the change.~~

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Cost Effective Treatment for Chronic Hepatitis C Virus**

Prepared by LBB Staff, 05/07/2021

**Overview**

Amend Senate Rider 109, Cost Effective Treatment for Chronic Hepatitis C Virus, to remove transfer authority for state hospitals. Also make other conforming edits as needed.

**Required Action**

On Senate page II-80 of the Health and Human Services Commission bill pattern, amend the following rider:

109. **Cost Effective Treatment for Chronic Hepatitis C Virus.**

~~(a)~~ Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.6, Medicaid Prescription Drugs, is \$10,000,000 in General Revenue Funds and \$15,562,372 in Federal Funds in fiscal year 2022 and \$10,000,000 in General Revenue Funds and \$15,608,195 in Federal Funds in fiscal year 2023 to expand access to direct acting antiviral medications for Medicaid enrollees diagnosed with chronic Hepatitis C. Should the cost of providing direct acting antiviral medications to Medicaid enrollees diagnosed with chronic Hepatitis C exceed the amounts identified in this subsection, HHSC shall utilize transfer authority provided in Rider 84, Limitations on Transfer Authority, to transfer appropriations from elsewhere in Goal A, Medicaid Client Services, to Strategy A.1.6, Medicaid Prescription Drugs, for this purpose.

~~(b)~~ Included in amounts appropriated above to HHSC in Strategy G.2.1, Mental Health State Hospitals, is \$646,736 in General Revenue Funds in fiscal year 2022 and \$646,736 in General Revenue Funds in fiscal year 2023 to expand access to direct acting antiviral medications for state hospital residents diagnosed with chronic Hepatitis C. Notwithstanding Rider 84, Limitations on Transfer Authority, should the cost of providing direct acting antiviral medications to state hospital residents diagnosed with chronic Hepatitis C exceed the amount identified in this subsection, HHSC may transfer up to \$1,278,038 in General Revenue in fiscal year 2022 and \$282,404 in General Revenue in fiscal year 2023 from elsewhere in the agency's budget to Strategy G.2.1, Mental Health State Hospitals, for this purpose. This authority is contingent upon HHSC providing notification to the Legislative Budget Board and Governor within 15 business days of making the transfer. The notification shall include the strategies from which the transfer was made and the amount transferred.

~~(c)~~ Amounts identified in this provision subsection (a) assume HHSC will pursue a rebate agreement, such as a subscription model described by the report completed by HHSC under the provisions of HHSC Rider 40, Hepatitis C Treatment Access, of House Bill 1, Eighty-sixth Legislature, Regular Session, 2019, with drug manufacturer(s) for direct acting antiviral medications provided to Medicaid enrollees diagnosed with chronic Hepatitis C that ensures the state receives the lowest net cost for these prescription drugs and maximizes the number of enrollees treated.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Rates: Intermediate Care Facilities and Certain Waiver Providers**

Prepared by LBB Staff, 05/10/2021

**Overview**

Amend House Rider 109, Rates: Intermediate Care Facilities and Certain Waiver Providers, to require the Health and Human Services Commission collect data necessary to develop certain reimbursement methodologies. Make other minor modifications.

**Required Action**

On page II-83 of the Health and Human Services Commission bill pattern, amend the following rider:

109. **Rates: Intermediate Care Facilities and Certain Waiver Providers.** Included in amounts appropriated above in Strategy A.2.7, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and Strategy A.3.1. Home and Community-based Services (HCS), is funding to maintain rate increases authorized by House Bill 1, Eighty-Sixth Legislature, Health and Human Services Commission Rider 44, Rate Increases: Intermediate Care Facilities and Certain Waiver Providers, through the 2022-2023~~23~~ biennium. It is the intent of the Legislature that:

- ~~(a) Rates for these programs not be realigned through the Biennial Rate Review process during the 2022-2023 biennium; and~~
- ~~(b) HHSthe Health and Human Services Commission, in collaboration with stakeholders, shall evaluate the rate setting methodology for these programs, including collection of any necessary data, in order to develop reimbursement methodologies that more accurately reflect the costs of services and report back to the Eighty-eighth Legislature.~~

## Health and Human Services Commission, Article II

### Proposed Rider

### Individualized Skills and Socialization

Prepared by LBB Staff, 05/07/2021

#### Overview

Amend Senate Rider 110, Individualized Skills and Socialization, to move certain language, add additional transfer authority, and to state legislative intent to have the Health and Human Services Commission require providers to submit community engagement plans.

#### Required Action

On Senate page II-80 of the Health and Human Services Commission bill pattern, amend the following rider:

110. **Individualized Skills and Socialization.** The authority provided by this provision is contingent upon the Health and Human Services Commission (HHSC) transitioning the day habilitation benefit in the Home and Community-based Services (HCS), Deaf-Blind Multiple Disabilities (DBMD), and Texas Home Living (TxHmL) waiver programs to an individualized skills and socialization (ISS) benefit.
- (a) Notwithstanding the limitations in Rider 84, Limitations on Transfer Authority, subsection (a)(1)(B) regarding transfers between and into strategies in Goal A, Objective 3, Long-term Care - Non-entitlement, and Article II, Special Provisions § 12, Rate Limitations and Reporting Requirements, ~~and contingent upon the Health and Human Services Commission (HHSC) transitioning the day habilitation benefit in the Home and Community-based Services (HCS), Deaf-Blind Multiple Disabilities (DBMD), and Texas Home Living (TxHmL) waiver programs to an individualized skills and socialization (ISS) benefit, HHSC may transfer appropriations from elsewhere in Goal A, Medicaid Client Services, to Strategy A.3.1, Home and Community-based Services, Strategy A.3.3, Deaf-Blind Multiple Disabilities, and Strategy A.3.4, Texas Home Living Waiver, to provide reimbursement for the provision of ISS services in the HCS, DBMD, and TxHmL waiver programs.~~
- (b) Notwithstanding the limitations in Rider 84, Limitations on Transfer Authority, subsection (a)(1)(A) regarding transfers from strategies in Goal A, Medicaid Client Services, to strategies in other goals, HHSC may transfer \$144.151 in General Revenue and \$244.745 in Federal Funds from appropriations in Goal A, Medicaid Client Services, to Strategy I.2.1, Long-Term Care Intake & Access, in fiscal year 2023 to address staffing needs related to the provision of ISS services.
- (c) Notwithstanding the limitations in Article IX, Section 6.10, Limitations of State Employment Levels, HHSC may increase the “Number of Full-Time-Equivalents (FTE)” appropriated above by 6.0 FTEs in fiscal year 2023 in Strategy I.2.1, Long-term Care Intake & Access, to address staffing needs related to the provision of ISS services.
- (~~dis~~) ~~Authority provided in subsection (a) of this provision is contingent upon~~ It is the intent of the Legislature that HHSC ~~requiring~~require ISS providers to submit community engagement plans.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Reporting Requirement: COVID-19 Funding to Nursing Facilities and Hospitals**

Prepared by LBB Staff, 05/13/2021

**Overview**

Amend House Rider 107, Reporting Requirement: COVID-19 Funding to Nursing Facilities and Hospitals, to require the Health and Human Services Commission to include additional information in the report.

**Required Action**

On House page II-82 of the Health and Human Services Commission bill pattern, amend the following rider:

107. **Reporting Requirement: COVID-19 Funding to Nursing Facilities and Hospitals.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall develop a report detailing the total value and uses of COVID-19-related Federal Funds, including Provider Relief Funds, provided directly to nursing facilities and hospitals contracting with HHSC since the beginning of the public health emergency. The report should include any temporary rate increases provided to nursing facilities related to the COVID-19 pandemic. Any facilities that do not provide information requested by the commission necessary to complete the report shall be identified in the report. The first submission of the report shall also include a description of any requirements implemented for nursing facilities in response to the COVID-19 pandemic, the cost to nursing facilities to implement the requirements, and recommendations on whether or not the requirements should be continued after the end of the public health emergency. HHSC shall submit the report to the Governor, Legislative Budget Board, and any appropriate standing committee in the Legislature on December 1st and June 1st of each fiscal year. The format and content of the report shall be specified by the Legislative Budget Board and posted on the HHSC website. Appropriations in Strategy A.2.4, Nursing Facility Payments, for fiscal year 2023 are contingent on the submission of the reports due December 1, 2021 and June 1, 2022.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Health and Human Services Cost Containment**

Prepared by LBB Staff, 05/10/2021

**Overview**

Amend Senate Rider 112, Health and Human Services Cost Containment, to include certain cost containment initiatives.

**Required Action**

On Senate page II-81 of the Health and Human Services Commission bill pattern, amend the following rider:

112. **Health and Human Services Cost Containment.** The Health and Human Services Commission (HHSC) shall develop and implement cost containment initiatives to achieve savings of at least \$350,000,000 in General Revenue Funds for the 2022-23 biennium throughout the health and human services system. These initiatives shall include:
- (a) increasing fraud, waste, and abuse prevention and detection;
  - (b) seeking to maximize federal flexibility under the Medicaid program in compliance with Government Code, Chapter 537;
  - (c) insourcing services provided under contract as of the effective date of this Act that would be more effectively performed by state personnel;
  - (d) encouraging the utilization of telemedicine, telehealth, or telephone services;
  - (e) applying to the Center for Medicare and Medicaid Services for a waiver of the institutions of mental disease exclusion, if such a waiver would result in a net cost savings; and
  - (f) achieving other programmatic and administrative efficiencies.

HHSC shall provide an annual report on the implementation of cost containment initiatives to the Legislative Budget Board by December 1. It is the intent of the legislature that HHSC shall achieve savings without adjusting amount, scope, or duration of services or otherwise negatively impacting access to care. It is the intent of the legislature that prior to making any changes, HHSC shall consider stakeholder input, including complying with any statutory requirements related to rulemaking and public hearings. This rider shall not be construed as limiting HHSC's ability to maximize federal flexibility under the Medicaid program, including federal flexibility that may impact amount, scope, or duration of services.

## Health and Human Services Commission, Article II

### Proposed Rider

### Nursing Home Workforce and Quality

Prepared by LBB Staff, 05/04/2021

#### Overview

Amend Health and Human Services Commission (HHSC) Rider 114, Nursing Facility Workforce and Quality Task Force, to remove references to a task force, require HHSC to work with the Long-term Care Facilities Council, and make other adjustments.

#### Required Action

On page House page II-83 of the Health and Human Services Commission bill pattern, amend the following rider:

114. **Nursing Home Workforce Report & Quality Task Force.** Out of funds appropriated above, the Health and Human Services Commission (HHSC), in coordination with the Long-term Care Facilities Council, shall report on~~study~~ the workforce shortage in nursing homes and delivery of care in Texas nursing facilities. In completing the report~~on the study~~, HHSC shall:
- (a) consult with the following individuals and entities:
    - (1) associations in this state representing: nursing homes; nurses; retired persons; and medical directors;
    - (2) the state long-term care ombudsman;
    - (3) representatives from institutions of higher education;
    - (4) the Texas Workforce Commission; and
    - (5) other stakeholders as appropriate.
  - (b) evaluate the current workforce shortage and direct care staffing;
  - (c) develop recommendations for legislation, policies, and short-term and long-term strategies for the retention and recruitment of direct care staff to ensure an adequate workforce is in place to provide high-quality, cost-effective health care including:
    - (1) workforce engagement and advancement models;
    - (2) job supports and incentives;
    - (3) training and educational initiatives;
    - (4) wages and benefits;
    - (5) licensure and certification rules.
  - (d) examine and develop recommendations for nursing home reforms, including:
    - (1) implementing new care models;

- (2) optimizing nursing home size and configurations to foster resident wellness and infection control;
- (3) increasing clinical presence in nursing homes; and
- (4) appropriate nursing home staffing to meet the needs of the resident population.

Not later than November 1, 2022, HHSC shall submit the report~~study~~ to the Governor, Legislative Budget Board, Lieutenant Governor, and Speaker of the House of Representatives.



**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Report on Continuity of Care for Women Aging Out of CHIP and Medicaid**

Prepared by LBB Staff, 05/05/2021

**Overview**

Amend House Ride 138, Report on Continuity of Care for Women Aging Out of CHIP and Medicaid, to add additional information to the required report.

**Required Action**

On page II-90 of the Health and Human Services Commission bill pattern, amend the following rider:

138. **Report on Continuity of Care for Women Aging Out of CHIP and Medicaid.**  
Out of funds appropriated above in Strategy D.1.1, Women’s Health Services, the Health and Human Services Commission shall report by ~~August 1, 2022~~ on the number of individuals aging out of Medicaid and CHIP coverage who are able to maintain coverage under another Medicaid program, including Healthy Texas Women (HTW), through the agency’s administrative renewal process. The report shall ~~with~~ include the number of individuals determined ineligible through the administrative renewal process because documentation was not received and evaluate the feasibility of implementing an auto-enrollment process for individuals aging out of Medicaid and CHIP into HTW. HHSC shall develop recommendations to improve connecting individuals aging out of Medicaid or CHIP to enrollment in Healthy Texas women. ~~The report shall evaluate the feasibility of implementing an auto-enrollment process for individuals aging out of Medicaid and CHIP into HTW.~~ HHSC shall submit the report not later than August 1, 2022 to the Governor. Legislative Budget Board, Lieutenant Governor, and Speaker of the House.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Improving Texas Medicaid Provider Manual Related to Dental Services**

Prepared by LBB Staff, 05/05/2021

**Overview**

Amend Senate Rider 118, Work Group on Improving Texas Medicaid Provider Manual Related to Dental Services and Medicaid, to remove references to a work group.

**Required Action**

On page II-82 of the Health and Human Services Commission bill pattern, amend the following rider:

118. ~~Work Group on Improving Texas Medicaid Provider Manual Related to Dental Services~~. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall ~~establish a workgroup for the purpose of providing~~develop recommendations to improve the Texas Medicaid Provider Procedures Manual in a manner that prevents the incidence of fraud, waste, or abuse in the provision of Medicaid dental services. In developing the recommendations, HHSC~~The work group shall consist of a representative of the commission, coordinate with~~ representatives of the Office of Inspector General, stakeholders from ~~managed care~~ dental maintenance organizations that contract with HHSC to provide Medicaid dental services, dental academia, and providers of Medicaid dental services. Not later than December 31, 2022, HHSC~~the work group~~ shall submit a report to the executive commissioner of HHSC~~Health and Human Services Commission~~ with recommendations for improving the Texas Medicaid Provider Procedures Manual to prevent fraud, waste or abuse in dental services under Medicaid, including changes related to the use of dental procedure codes by providers.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Institutions of Mental Disease Exclusion Waiver**

Prepared by LBB Staff, 05/10/2021

**Overview**

Amend House Rider 122, Institutions of Mental Disease Exclusion Waiver, to state that the Health and Human Services Commission should only submit a waiver application if the commission determines a implementing a waiver would result in a net savings to the state.

**Required Action**

On House page II-85 of the Health and Human Services Commission bill pattern, amend the following rider:

122. **Institutions of Mental Disease Exclusion Waiver.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall prepare and submit an application to the Centers for Medicare and Medicaid Services (CMS) for approval of a Section 1115 Demonstration Waiver in order to receive federal financial participation for services furnished to Medicaid-eligible individuals during short-term stays for acute care in psychiatric hospitals or residential treatment settings that qualify as institutions of mental disease. HHSC shall only prepare and submit the application if the commission determines such a waiver would result in a net savings to the state.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Informational Listing: Women’s Health Funding**

Prepared by LBB Staff, 05/07/2021

**Overview**

Amend House Rider 125, Informational Listing: Women’s Health Funding, to direct the Health and Human Services Commission to seek approval to transfer funds from other sources prior to making any reductions to service levels if federal funding is available in a lesser amount. Also, correct the amount of Federal Funds identified for the Breast and Cervical Cancer Services program and make other minor modifications.

**Required Action**

On House page II-86 of the Health and Human Services Commission bill pattern, amend the following rider:

125.     **Informational Listing: Women’s Health Funding.** This rider is informational only and does not make any appropriations. Appropriations above in Strategy D.1.1, Women’s Health Programs, include the following:
- (a)   Healthy Texas Women (HTW) Program: \$37,339,148 in General Revenue Funds and \$75,949,024 in Federal Funds (\$113,288,172 in All Funds) in fiscal year 2022 and \$38,090,332 in General Revenue Funds and \$78,525,444 in Federal Funds (\$116,615,776 in All Funds) in fiscal year 2023;
  - (b)   Family Planning Program (FPP): \$41,760,459 in General Revenue Funds and \$1,880,728 in Federal Funds (\$43,641,187 in All Funds) in fiscal year 2022 and \$42,278,085 in General Revenue Funds and \$1,880,728 in Federal Funds (\$44,158,813 in All Funds) in fiscal year 2023;
  - (c)   Breast and Cervical Cancer Services (BCCS): \$2,583,599 in General Revenue Funds and ~~\$8,132,056~~\$8,312,056 in Federal Funds (\$10,895,655 in All Funds) in each fiscal year; and
  - (d)   Administration: \$4,537,948 in General Revenue Funds and \$2,021,937 in Federal Funds (\$6,559,885 in All Funds) in each fiscal year.

Nothing ~~is~~in this provision shall be construed to limit the Health and Human Service Commission’s authority to transfer appropriations within Strategy D.1.1, Women’s Health Programs.

In the event federal funds identified above are available in a lesser amount, the Health and Human Services Commission shall seek approval to transfer funds from other sources prior to making any reductions to service levels.

## Health and Human Services Commission, Article II

### Proposed Rider

### Medicaid Dialysis Cost Effectiveness Study

Prepared by LBB Staff, 05/07/2021

#### Overview

Amend House Rider 139, Medicaid Dialysis Cost Effectiveness Study, to remove language allowing the Health and Human Services Commission to pursue federal actions to implement the report's findings. Make other minor modifications.

#### Required Action

On House page II-90 of the Health and Human Services Commission bill pattern, amend the following rider:

139. **Medicaid Dialysis Cost Effectiveness Study.**

- (a) Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC), in consultation with stakeholders, shall conduct a study regarding the most cost effective and clinically appropriate methods to deliver dialysis services under the Medicaid program.
- (b) In conducting the study, HHSC must consider:
  - (1) the Medicare End-Stage Renal Disease (~~ESRD~~) Treatment Choices (~~ETC~~) model and whether savings could be achieved through increased utilization of home dialysis;
  - (2) value-based purchasing models for dialysis services;
  - (3) innovative models of delivering services to persons with renal disease, including those that may have been developed under the Delivery System Reform Incentive Payment Program (~~DSRIP~~) to serve Medicaid recipients and the uninsured;
  - (4) alternatives to providing dialysis to persons under emergency Medicaid to improve cost effectiveness and quality and reduce hospitalizations; and
  - (5) the manner in which other states have been able to modify implementation of their Medicaid program to increase options in providing dialysis.
- (c) HHSC shall submit a report with the results of the study to the Legislative Budget Board and Governor not later than December 1, 2022.
- ~~(d) If the study determines that it is cost effective to make changes to coverage and sites of service for dialysis, HHSC may pursue any necessary federal waivers or amendments to implement the report's findings.~~

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Medicaid Managed Care Denial and Appeals Process**

Prepared by LBB Staff, 05/07/2021

**Overview**

Amend House Rider 145, Medicaid Managed Care Denial and Appeals Process, to remove or add certain study considerations, to change a due date, and other minor modifications.

**Required Action**

On House page II-91 of the Health and Human Services Commission bill pattern, amend the following rider:

145. **Medicaid Managed Care Denial and Appeals Process.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC), ~~in consultation and collaboration with the STAR Kids Advisory Committee and the State Medicaid Managed Care Advisory Committee,~~ shall conduct a study of the denial and appeals process, including but not limited to, the administrative hearing process within the managed care networks for the STAR Kids, STAR Health, and STAR+PLUS Programs. In conducting the study, HHSC shall consider:

- ~~(a) outcomes for patients;~~
- (b~~a~~) the percentage of denials that are upheld or overturned on appeal over the last seven years;
- ~~(c) the current appeals process's impact on access to care and continuity of care for patients;~~
- (d~~b~~) best practices, ~~experiences~~ and outcomes in other states;
- (e~~c~~) qualifications of hearing officers;
- (f~~d~~) timeliness of the review process;
- (g~~e~~) the denial notification process for families, ~~including whether the family is able to timely request an appeal, and~~
- ~~(h) the knowledge of families, caregivers and recipients of their right to request continuation of service, pending appeal; and~~
- ~~(i) the burden of the appeals process on caregivers and patients and families;~~
- (f) input from stakeholders, including the STAR Kids Managed Care Advisory Committee and the State Medicaid Managed Care Advisory Committee.

HHSC shall submit a report of the study's findings to the Governor, Legislative Budget Board, Lieutenant Governor, and the Speaker of the House of Representatives not later than December 11, 2022. The report shall also include steps the agency has taken to implement Government Code § 531.024164, and a detailed timeline and plan for implementing the provisions of the ~~statute~~ statute by March 1, ~~2022~~ 2023.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**1115 Transformation Waiver**

Prepared by LBB Staff, 05/07/2021

**Overview**

Amend House Rider 150, 1115 Transformation Waiver, to refer to the 1115 Texas Healthcare Transformation and Quality Improvement Program Waiver and make other minor modifications.

**Required Action**

On House page II-93 of the Health and Human Services Commission bill pattern, amend the following rider:

150.     **1115 Transformation Waiver.** It is the intent of the Legislature that the ~~commission~~Health and Human Services Commission seek a renewal or extension of the current Section 1115 Texas Healthcare Transformation and Quality Improvement Program Waiver from the Centers for Medicare & Medicaid Services ~~(CMS)~~.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Study on Home and Community-based Services (HCS) Waiver Program**

Prepared by LBB Staff, 05/07/2021

**Overview**

Amend House Rider 151, Study on Home and Community-based (HCS) Waiver Program, to specify certain study requirements and remove certain study requirements. Make other minor modifications.

**Required Action**

On House page II-93 of the Health and Human Services Commission bill pattern, amend the following rider:

151. **Study on Home and Community-based Services (HCS) Waiver Program.**

(a) ~~Using~~Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall conduct a study on the provision of services under the Home and Community-based Services (HCS) waiver program to individuals with an intellectual or developmental disability who have high behavioral and medical needs. In conducting the study, ~~the commission~~HHSC shall:

(1) define the scope of high behavioral and medical needs for which an individual with an intellectual or developmental disability may require enhanced services and service coordination under the waiver program; and

(2) identify the number of individuals with an intellectual or developmental disability who are enrolled in the program and who have ~~high~~the highest behavioral and medical needs; ~~and,~~

~~(3) assess the fiscal impact that may result, at various scaled thresholds as determined by the commission, as a result of providing enhanced services and service coordination under the waiver program to individuals with an intellectual or developmental disability who have high behavioral and medical needs.~~

(b) Not later than September 1, 2022, ~~the Health and Human Services Commission~~HHSC shall prepare and submit to the legislature a written report that includes the results of the study conducted under Subsection (a) of this section.



**Health and Human Services Commission**  
**Proposed Rider**  
**Medicaid Provider Rate Increases**

Prepared by LBB Staff, 05/12/2021

**Overview**

Amend House Rider 153, Medicaid Provider Rate Increases, to express legislative intent regarding the use of appropriations for Medicaid rate increases.

**Required Action**

On House page II-94 of the Health and Human Services Commission bill pattern, amend the following rider:

153. **Medicaid Provider Rate Increases.** It is the intent of the Legislature that, when Medicaid provider rates are increased as a result of a legislative appropriation, ~~change in the Federal Medical Assistance Percentage, or other action, the Health and Human Services Commission shall ensure~~ managed care organizations (MCO) reimburse the full amount of the appropriated funds to providers, to the extent allowed by federal laws and regulations that equate to the difference between the state Medicaid fee for service rate and the percentage increase associated with the causal event, regardless of the pre-existing rate in place between the provider and the MCO.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Communications on Electronic Visit Verification (EVV) Issues to Home and Community**  
**Care Providers**

Prepared by LBB Staff, 05/05/2021

**Overview**  
Amend Rider 155, Communications on Electronic Visit Verification (EVV) Issues to Home and Community Care Providers, to change reporting requirements.

**Required Action**  
On House page II-94 of the Health and Human Services Commission bill pattern, amend the following rider:

155.     **Communications on Electronic Visit Verification (EVV) Issues to Home and Community Care Providers.** From the funds appropriated above, the Health and Human Services Commission (HHSC) shall report to home and community care providers the total hours providers ~~were not reimbursed due to the~~ state EVV system was being unavailable, malfunctioning, or not accessible ~~for home and community support providers to timely submit hours for payment.~~ HHSC shall make this report by the 10th day of each month for the prior month.

**Health and Human Services Commission**  
**Proposed Rider**  
**Substance Abuse Prevention and Treatment Block Grant**

Prepared by LBB Staff, 05/12/2021

**Overview**

Add a rider requiring the Health and Human Services Commission to report on uses of federal Substance Abuse Prevention and Treatment Block Grant funding.

**Required Action**

On Senate page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX. Substance Abuse Prevention and Treatment Block Grant.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall produce an annual report on the uses of the federal Substance Abuse Prevention and Treatment Block Grant (SABG) funds received by HHSC, including supplemental and one-time awards.

The report shall include: 1) an itemized list of each activity funded with SABG funds, 2) identification of whether the activity was funded by one-time federal COVID-19 related SABG awards and/or SABG awards the state received through the regular federal legislative process, and 3) a detailed description of each activity listed in item one, including expenditures by funding stream.

HHSC shall submit the report to the Legislative Budget Board, Governor's Office, Senate Finance Committee, House Appropriations Committee, and permanent committees in the Senate and House of Representatives with jurisdiction over health and human services by December 1 of each fiscal year.

**Health and Human Services Commission**  
**Proposed Rider**  
**Long-term Care Regulatory Backlog**

Prepared by LBB Staff, 05/07/2021

**Overview**

Add a rider identifying appropriations to address the backlog in long-term care regulatory.

**Required Action**

On Senate page II-84 of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_.  
**Long-term Care Regulatory Backlog.** Included in amounts appropriated above in Strategy H.1.1, Facility/Community-based Regulation, and contingent on federal funds being made available for this purpose, is \$2,759,448 in Federal Funds and 31.7 full-time-equivalents (FTEs) in fiscal year 2022 and \$2,520,915 in Federal Funds and 31.7 FTEs in fiscal year 2023 to address a backlog of surveys and intakes for long-term care facilities.

**Health and Human Services Commission**  
**Proposed Rider**  
**Facility Support Services**

Prepared by LBB Staff, 05/07/2021

**Overview**

Add a rider identifying additional appropriations for Facility Support Services.

**Required Action**

On Senate page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_. **Facility Support Services.** Included in amounts appropriated above in Strategy G.4.1, Facility Program Support, is an additional \$2,000,000 in General Revenue in each fiscal year of the biennium for Facility Support Services. It is the intent of the Legislature that the funds are used to avoid a reduction in force.

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Pediatric Long-term Care Facility Rate Increase**

Prepared by LBB Staff, 05/10/2021

**Overview**

Increase appropriations to the Health and Human Services Commission (HHSC) by \$709,310 in General Revenue Match for Medicaid No. 758 and \$1,103,855 in Federal Funds in fiscal year 2022 and \$778,845 in General Revenue Match for Medicaid No. 758 and \$1,215,637 in Federal Funds in fiscal year 2023 in Goal A, Medicaid Client Services, for HHSC to revise the reimbursement methodology for pediatric long-term care facilities to mirror that of Medicare reimbursement. Add a rider identifying the purpose of the appropriation.

**Required Action**

1. On page II-40 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations by \$709,310 in General Revenue Match for Medicaid No. 758 and \$1,103,855 in Federal Funds in fiscal year 2022 and \$778,845 in General Revenue Match for Medicaid No. 758 and \$1,215,637 in Federal Funds in fiscal year 2023.
2. On page II-41 of the HHSC bill pattern, increase appropriations in Goal A, Medicaid Client Services, by \$1,813,165 in fiscal year 2022 and \$1,994,482 in fiscal year 2023.
3. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:  
  
\_\_\_\_\_. **Pediatric Long-term Care Facility Rate Increase.** Included in amounts appropriated above in Goal A, Medicaid Client Services, is \$709,310 in General Revenue Match for Medicaid No. 758 and \$1,103,855 in Federal Funds in fiscal year 2022 and \$778,845 in General Revenue Match for Medicaid No. 758 and \$1,215,637 in Federal Funds in fiscal year 2023 to revise the reimbursement methodology for pediatric long-term care facilities to mirror that of Medicare reimbursement.
4. Adjust method-of-finance totals, agency totals, and performance measures accordingly.

## Health and Human Services Commission, Article II

### Proposed Funding and Rider

#### Intellectual and Developmental Disabilities Waiver Interest Lists

Prepared by LBB Staff, 05/10/2021

#### Overview

Increase appropriations to the Health and Human Services Commission (HHSC) for the purpose of the agency revising the *Questionnaire for Long-term Services and Supports (LTSS) Waiver Program Interest Lists* and implementing the revised questionnaire. Add a rider identifying the purpose of the appropriation and directing HHSC to evaluate the implementation of a “no wrong door” approach for waiver programs.

#### Required Action

- 1) On page II-40 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations by \$147,422 in General Revenue Match for Medicaid Account No. 758 and \$147,422 in Federal Funds in fiscal year 2022 and \$87,422 in General Revenue Match for Medicaid Account No. 758 and \$87,422 in Federal Funds in fiscal year 2023.
- 2) On page II-44 of the HHSC bill pattern, increase appropriations to Strategy I.2.1, Long-term Care Intake & Access, by \$294,844 in fiscal year 2022 and \$174,844 in fiscal year 2023.
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_. **Intellectual and Developmental Disabilities (IDD) Waiver Interest Lists.**

- (a) Included in amounts appropriated above in Strategy I.2.1, Long-term Care Intake & Access, is \$60,000 in General Revenue Funds and \$60,000 in Federal Funds in fiscal year 2022 for the Health and Human Services Commission (HHSC) to revise the *Questionnaire for Long-term Services and Supports (LTSS) Waiver Program Interest Lists* to capture information necessary to determine the types of service individuals need and when the services are needed in order to ensure the individual’s health and safety in the least restrictive setting. In revising the questionnaire, HHSC shall consult appropriate stakeholders, including the Intellectual and Developmental Disability (IDD) System Redesign Advisory Committee.
- (b) Included in amounts appropriated above in Strategy I.2.1, Long-term Care Intake & Access, is \$87,422 in General Revenue Funds and \$87,422 in Federal Funds in each fiscal year for HHSC to administer the revised questionnaire developed pursuant to subsection (a) to all individuals on IDD waiver interest lists.
- (c) Out of funds appropriated above, HHSC shall evaluate the use of available technology to create a “no wrong door” approach, allowing individuals access to an online portal for requesting interest list placement and providing current interest list questionnaire information.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Emergency Triage, Treat, and Transport Demonstration Payment Model**

Prepared by LBB Staff, 05/10/2021

**Overview**

Add a rider directing the Health and Human Services Commission to implement an Emergency Triage, Treat, and Transport payment model in Medicaid. Decrease appropriations in Goal A, Medicaid Client Services, by \$1,667,479 in General Revenue Match for Medicaid Account No. 758 and \$2,586,293 in Federal Funds in fiscal year 2023 due to assumed savings relating to implementing the program.

**Required Action**

- 1) On page II-40 of the Health and Human Services Commission (HHSC) bill pattern, decrease appropriations by \$1,667,479 in General Revenue Match for Medicaid Account No. 758 and \$2,586,293 in Federal Funds in fiscal year 2023.
- 2) On page II-41 of the HHSC bill pattern, decrease appropriations by \$4,253,772 in Goal A, Medicaid Client Services, in fiscal year 2023.
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX. Emergency Triage, Treat, and Transport Demonstration Payment Model.**

- (a) For the purposes of this provision, ET3 Program means an Emergency Triage, Treat, and Transport Model or a substantially similar program approved by the federal Centers for Medicare and Medicaid Services that is designed to improve quality of care and lower costs by reducing avoidable emergency transports and unnecessary hospitalizations.
- (b) Out of funds appropriated above in Goal A, Medicaid Client Services, and not later than September 1, 2022, the Health and Human Services Commission (HHSC) shall implement the ET3 Program in Medicaid to reimburse Medicaid-enrolled emergency medical services providers for:
  - (1) transporting Medicaid clients to alternative destinations, other than an emergency department, as approved by HHSC;
  - (2) facilitating appropriate treatment in place at the scene; and
  - (3) facilitating appropriate treatment via telehealth.
- (c) In providing assistance and support under this section, HHSC shall ensure that a Medicaid-enrolled emergency medical services provider participating in the ET3 Program is reimbursed for any applicable costs, including claims for services provided:
  - (1) under a fee-for-service delivery model;
  - (2) under a Medicaid managed care delivery model;
  - (3) to persons enrolled in Medicaid; and



(4) to persons dually enrolled in Medicare and Medicaid.

4) Adjust agency totals, method-of-finance totals, and performance measures accordingly.

**Health-Related Provisions, Article IX**  
**Proposed Rider**  
**Report on Suicide and Suicide Prevention**

Prepared by LBB Staff, 05/07/2021

**Overview**

Amend House Article IX, Section 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, to require an updated report on suicide and suicide prevention, including special focus on suicide among veterans and foster youth.

**Required Action**

On page IX-55 of the Article IX bill pattern, amend the following rider:

**10.04. Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.**

- (a) **Informational Listing - Behavioral Health and Substance Abuse Services Appropriations.**  
The following is an informational listing of appropriations for behavioral health services made elsewhere in this Act.

Behavioral health services are programs or services directly or indirectly related to the research, prevention, or detection of mental disorders and disabilities, and all services necessary to treat, care for, control, supervise, and rehabilitate persons who have a mental disorder or disability, including persons whose mental disorders or disabilities result from alcoholism or drug addiction. Certain non-behavioral health-related costs which could not be disaggregated from other healthcare costs are also included in the listing below.

	Fiscal Year 2022	Fiscal Year 2023
<b>Article I</b>		
Trusted Programs, Office of the Governor	\$46,389,573	\$46,389,573
Veterans Commission	\$6,715,641	\$6,715,641
<b>Article II</b>		
Department of Family and Protective Services	\$29,045,334	\$29,045,334
Department of State Health Services	\$1,631,087	\$1,847,587
Health and Human Services Commission	\$1,632,108,258	\$1,610,944,228
Texas Civil Commitment Office	\$154,611	\$154,611
<b>Article III</b>		
Texas School for the Deaf	\$70,434	\$70,434
University of Texas - Health Science Center Houston	\$8,000,000	\$8,000,000
University of Texas - Health Science Center Tyler	\$6,730,000	\$6,730,000
Texas Tech University Health Sciences Center	\$2,500,000	\$2,500,000
Texas Higher Education Coordinating Board	\$49,500,000	\$49,500,000
<b>Article IV</b>		
Supreme Court of Texas	\$1,250,000	\$1,250,000
Court of Criminal Appeals	\$568,500	\$568,500
Office of Court Administration	\$2,500,000	\$2,500,000
<b>Article V</b>		
Commission on Jail Standards	\$186,933	\$186,933
Department of Criminal Justice	\$262,781,849	\$262,781,856
Juvenile Justice Department	\$91,261,742	\$91,280,256
Military Department	\$1,010,450	\$988,650

Article VIII

State Board of Dental Examiners	\$132,240	\$132,240
Board of Pharmacy	\$294,203	\$294,202
Board of Veterinary Medical Examiners	\$45,000	\$45,000
Optometry Board	\$47,000	\$47,000
Board of Nursing	\$1,005,458	\$1,005,458
Medical Board	\$641,482	\$637,992

<b>Total</b>	<b>\$2,144,569,795</b>	<b>\$2,123,615,495</b>
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Method of Financing

General Revenue	\$1,677,276,985	\$1,660,186,379
General Revenue - Dedicated	\$9,467,814	\$9,467,814
Federal Funds	\$383,160,278	\$383,397,230
Other Funds	\$74,664,718	\$70,564,072
<b>Subtotal</b>	<b>\$2,144,569,795</b>	<b>\$2,123,615,495</b>

Estimated Medicaid Expenditures (All Funds)	\$1,821,395,628	\$1,855,720,482
Estimated CHIP Expenditures (All Funds)	\$47,853,482	\$51,022,624

<b>Total</b>	<b>\$4,013,818,905</b>	<b>\$4,030,358,601</b>
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Medicaid and CHIP amounts in this table reflect estimated expenditures and may not align with the appropriations made elsewhere in this Act for Medicaid and CHIP.

- (b) **Statewide Behavioral Health Coordinating Council.** Each agency identified in subsection (a) of this provision, with the exception of the Texas Higher Education Coordinating Board and Article VIII, shall designate an individual to serve as a member of the statewide behavioral health coordinating council, established by Article IX, Section 10.04(b), 2016-17 General Appropriations Act (GAA), Eighty-fourth Legislature, 2015, and may use funds appropriated by this Act to support that council. In addition to the agencies identified in subsection (a) of this provision, the Texas Department of Housing and Community Affairs, the Texas Workforce Commission, and the Texas Education Agency shall each designate an individual to serve as a representative on the council. The Texas Mental Health Care Consortium shall designate an individual to serve as a representative on the council. Any other state agency or institution that receives funding in this Act and provides specific behavioral health services may participate in the meetings and discussions of the coordinating council. The Mental Health Statewide Coordinator at the Health and Human Services Commission (HHSC) shall serve as chair of this council. The coordinating council shall meet at least once quarterly during fiscal years 2022 and 2023, or more frequently if determined necessary by the Mental Health Statewide Coordinator at HHSC.

HHSC shall require certain community collaboratives that receive state grant funding to present twice annually on the impact each collaborative has had on project implementation and mental health outcomes on the population served by the grant funding. These community collaboratives shall include community collaboratives as defined by Government Code, Chapter 539; community recipients of a grant for veterans' mental health pursuant to Government Code, Section 531.0092; recipients of a grant through the Mental Health Grant Program for Justice-Involved Individuals; and recipients of a grant through the Community Mental Health Grant Program. It is the intent of the Legislature that these presentations serve as an opportunity to increase collaboration for the effective expenditure of behavioral health funds between state and local entities. No provision of this Act may be construed as granting the statewide behavioral health coordinating council authority over local projects implemented by the collaboratives listed above.

- (c) **Statewide Behavioral Health Strategic Plan.** The purpose of the statewide behavioral health coordinating council shall be to implement the five-year Statewide Behavioral Health Strategic Plan published May 1, 2016, per Article IX, Section 10.04(b), 2016-17 GAA, Eighty-fourth Legislature, 2015. The Statewide Behavioral Health Coordinating Council shall submit an annual report to the Governor, and the Legislative Budget Board including the progress of the strategic plan's implementation no later than December 1 of fiscal years 2022 and 2023. The report shall include coordinating council agency participation and how

the strategic plan's implementation serves to coordinate programs and services to eliminate redundancy, utilize best practices in contracting standards, perpetuate identified, successful models for mental health and substance abuse treatment, ensure optimal service delivery, and identify and collect comparable data on results and effectiveness. The coordinating council shall annually update the inventory of behavioral health programs and services. The inventory shall describe how the identified programs, services, initiatives, and expenditures further the goals of the Statewide Behavioral Health Strategic Plan. HHSC shall make available the five-year strategic plan update and the inventory of programs on HHSC's website no later than December 1 of each year.

The Council shall also collaborate with the Board of Pharmacy and the Medical Board to create a sub-plan related to substance abuse. The sub-plan shall include challenges of existing prevention, intervention, and treatment programs, evaluation of substance use disorder prevalence, service ability, gaps in current services, and strategies for working with state agencies to expand treatment capacity.

- (d) **Coordination of Behavioral Health Expenditures.** The coordinating council shall submit to the Executive Commissioner of HHSC for approval a coordinated statewide expenditure proposal for each agency, which shall include the appropriation amounts identified in subsection (a) of this provision. The expenditure proposal shall describe how the identified appropriations at each agency or institution would be spent in accordance with, and to further the goals of the approved statewide behavioral health strategic plan. HHSC shall submit the coordinated statewide behavioral health expenditure proposal to the Legislative Budget Board by September 1, 2021, for fiscal year 2022 and by July 1, 2022, for fiscal year 2023. The plan shall be considered to be approved unless the Legislative Budget Board issues a written disapproval by November 1, 2021, for fiscal year 2022, or by September 1, 2022, for fiscal year 2023.

Notwithstanding any other appropriation authority granted by this Act, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue-Related funds identified in subsection (a) by a particular agency if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's expenditure proposal has not satisfied the requirements of this provision. If fiscal year 2022 or fiscal year 2023 General Revenue-Related funds are used to provide services required by federal law, are related to court-ordered treatment, or required as the result of administrative proceedings, the funding for these services shall still be included in the proposal, but these funds shall not be contingent upon approval.

The coordinated expenditure proposal shall be developed in a format specified by the Legislative Budget Board, and shall, at a minimum, include expenditures related to each program identified in the program inventory required by subsection (c) of this provision, identified by fund type. Behavioral health-related Medicaid expenditures shall also be included as a separate line item for each agency.

- (e) **Report on Suicide and Suicide Prevention.** Out of funds appropriated elsewhere in this Act to HHSC, the coordinating council shall provide an update to the report on suicide and suicide prevention in Texas required by House Bill 3980, Eighty-sixth Legislature, Regular Session, 2019. The report shall include data and recommendations specific to suicides among veterans and foster youth in the state. The coordinating council may collaborate with the Texas Veterans Commission, the Department of Family and Protective Services, and other agencies that the coordinating council deems necessary in order to receive data on veterans or foster youth to help conduct the study. The coordinating council shall submit the updated report to the Legislative Budget Board and Governor's Office not later than September 1, 2022.

Article II, Special Provisions Related to All Health and Human Services Agencies

Proposed Rider

Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements

Prepared by LBB Staff, 05/05/2021

Overview

Amend Special Provisions Related to All Health and Human Services Agencies, Sec. 14, Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements, to prioritize distribution of funds to the DSHS Laboratory with certain limitations.

Required Action

On page II-94 of Special Provisions Relating to All Health and Human Services Agencies, amend the following rider:

Sec. 14. Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements.

(a) Appropriations. Included in the amounts appropriated to the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) are the following amounts of Public Health Medicaid Reimbursements (Account No. 709):

(1) Department of State Health Services:

(A) Strategy A.4.1, Laboratory Services: \$37,105,294 in fiscal year 2022 and \$37,197,270 in fiscal year 2023;

(B) Strategy B.2.2, Texas Primary Care Office: \$225,576 in each fiscal year; and

(C) Strategy E.1.1, Central Administration: \$366,935 in each fiscal year.

(2) Health and Human Services Commission:

(A) Strategy A.4.1, Non-Full Benefit Payments: \$10,911,889 in fiscal year 2022 and \$37,401,897 in fiscal year 2023; and

(B) Strategy G.2.1, Mental Health State Hospitals: \$47,303,996 in each fiscal year.

Revenue from Account No. 709 shall be distributed first to the item in subsection (a)(1) and then to the item in subsection (a)(2)(B) until the full amount of those appropriations is satisfied. Revenue from Account No. 709 shall be distributed to the appropriate agency within ten business days of receipt.

Appropriations from Account No. 709 shall be expended prior to utilization of General Revenue or General Revenue-Dedicated Funds in strategies identified in this subsection. In the event General Revenue or General Revenue-Dedicated Funds have been expended prior to the receipt of appropriations from Account No. 709, DSHS or HHSC shall reimburse General Revenue or General Revenue-Dedicated on a monthly basis.

HHSC may temporarily utilize funds identified in subsection (a)(2)(B) in Strategy A.4.1, Non-Full Benefit Payments, in August of 2023 if amounts identified in subsection (a)(2)(A) are expected to be available but have not yet been distributed.

(b) **Limitation on Use of Public Health Medicaid Reimbursements (Account 709).**

- (1) In the event that Public Health Medicaid Reimbursement revenues exceed the amounts noted above, the funds are appropriated to DSHS to reimburse the cost of performing newborn screening and to the Newborn Screening Preservation Account, established in Health and Safety Code, Section 33.052. If this occurs, DSHS may notify the Comptroller of Public Accounts, the Legislative Budget Board, and the Governor of the amounts that DSHS projects will be received in excess of the amounts appropriated and any increased costs, along with sufficient information to reflect how the estimate was determined. If the Comptroller finds the information sufficient to support the projection of additional revenue, a finding of fact to that effect shall be issued to reflect the additional revenue up to \$12,000,000 for the biennium to be made available to DSHS and deposited to the Newborn Screening Preservation Account. Amounts in excess of \$12,000,000 for the biennium may be made available only upon prior written approval from the Legislative Budget Board and the Governor. The request to expend the additional Public Health Medicaid Reimbursement funds shall include the following information:
  - (A) the reason for and the amount of Public Health Medicaid Reimbursement revenue that exceeds the amounts in subsection (a) above, and whether this additional revenue will continue in future years;
  - (B) a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;
  - (C) the name of the strategy or strategies affected by the expenditure and the FTEs for each strategy by fiscal year;
  - (D) the impact of the expenditure on performance levels, and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and
  - (E) the impact of the expenditure on the capital budget.
- The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.
- (2) In the event that Public Health Medicaid Reimbursement revenues and balances are insufficient to support the appropriations amounts identified in subsection (a), a reduction shall be made in HHSC Strategy A.4.1, Non-Full Benefit Payments.

Article II, Special Provisions Relating to All Health and Human  
Services Agencies  
Proposed Rider  
Federal Funds Reporting Requirements

Prepared by LBB Staff, 05/07/2021

**Overview**

Amend Special Provisions Relating to All Health and Human Services Agencies, Section 24, Federal Funds Requirements, to require agencies to include information regarding Maintenance of Effort

**Required Action**

On Senate page II-96 of Special Provisions Relating to All Health and Human Services Agencies, amend the following rider:

**Sec. 24. Federal Funds Requirements.**

- (a) **Reporting Requirements.** All agencies listed in Article II of this Act shall submit the following information to the Legislative Budget Board and the Governor no later than the date the respective report is submitted to the federal government:
  - (1) Notification of proposed State Plan amendments or waivers for any federal grant requiring a state plan, which shall also be provided to the permanent standing committees of the House and Senate with jurisdiction over health and human services;
  - (2) A copy of each report or petition submitted to the federal government relating to a federal grant requiring a state plan including petition disapprovals, expenditure reports, cost allocation revisions, and any loss of federal funding due to noncompliance with federal regulations; and
  - (3) Reports associated with Maintenance of Effort (MOE) for federal grants.
- (b) **Loss of Federal Funds.** All agencies listed in Article II of this Act shall notify the Legislative Budget Board and the Governor on a timely basis about emerging issues that could result in the loss of more than \$1,000,000 in federal funds assumed in this Act.
- (c) **General Revenue Associated with MOE.** The agencies listed in Article II of this Act shall not increase the state's MOE requirement for any federal grant without prior written approval of the Legislative Budget Board and the Governor. To request approval, the agency shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:
  - (1) a detailed explanation of the need to increase the state's MOE requirement; and
  - (2) the impact the increase will have on future MOE requirements.
- (d) **Reporting of MOE for Federal Grants.** All agencies listed in Article II of this Act shall submit the following information to the Legislative Budget Board by October 1 and April 1 of each year for each federal grant received by the agency that has a MOE requirement:
  - (1) the current amount of the MOE requirement for the grant;
  - (2) the time period of which the current MOE requirement applies;
  - (3) total expenditures made towards meeting the current MOE requirement;
  - (4) the time period for which current expenditures will impact future MOE requirements;
  - (5) projection of future MOE requirements based on current spending; and

(6) if the agency projects the current MOE requirement will not be fulfilled, a narrative explanation of why and the impact of not doing so, including any projected loss of federal funding.



## Article II, Special Provisions Relating to All Health and Human Services Agencies

### Reimbursement Rates and Methodology; Reporting Requirements: Legacy Foster Care, Community-based Care Services, and Other Child Services

Prepared by LBB Staff, 05/10/2021

#### Overview

Add a new section to require DFPS and HHSC to develop a new rate methodology.

#### Required Action

On page II-XX of Special Provisions Relating to All Health and Human Services Agencies, add the following rider:

Sec XX. Reimbursement Rates and Methodology: Reporting Requirements: Legacy Foster Care, Community Based Care Services, and Other Child Services.

(a) In addition to the amounts appropriated elsewhere to the Department of Family and Protective Services (DFPS) is \$352,853 in General Revenue and \$1,772 in Federal Funds in fiscal year 2022 and \$99,763 in General Revenue and \$920 in Federal Funds in fiscal year 2023 and 1.0 full-time equivalent (FTE) each year in Strategy B.1.2. CPS Program Support. for the development of a new reimbursement rate methodology for foster care, community-based care, and other child services.

(b) In addition to the amounts appropriated elsewhere to the Health and Human Services Commission (HHSC) is \$2,810,482 in General Revenue and \$355,652 in Federal Funds and 6.1 FTEs for the 2022-23 biennium for the development of a new reimbursement rate methodology for foster care, community-based care, and other child services, allocated as follows:

(1) \$1,565,370 in General Revenue and \$7,859 in Federal Funds in fiscal year 2022 and \$905,673 in General Revenue and \$8,354 in Federal Funds in fiscal year 2023, and 5.1 FTEs in each fiscal year in Strategy L.1.1, HHS System Supports, to support administrative and salary costs related to the implementation of this section; and

(2) \$296,628 in General Revenue and \$296,628 in Federal Funds in fiscal year 2022, and \$42,811 in General Revenue and \$42,811 in Federal Funds in fiscal year 2023, and 1.0 FTE each fiscal year in Strategy B.1.1, Medicaid Contracts and Administration.

(c) Out of funds identified above in subsection (a) of this rider, DFPS shall develop, with the assistance of HHSC, an alternative reimbursement methodology proposal for the Eighty-eighth Legislature for foster care and community-based care rates, including:

- (1) Aligning the rates to specific, clearly defined, program models;
- (2) Pricing the elements of the program models using cost report data and market analysis;
- (3) Reviewing the rate calculations with stakeholders to refine the models and price;
- (4) For facility-based programs, paying the rates that align to the placement setting in which a child resides, for as long as the child resides there;
- (5) For foster family rates, maintaining the same rate for an identified period of time after

- a child is assessed as ready for a lower placement level to allow the family to sustain the progress that has been made;
- (6) Using CANS assessments (and other tools) to inform placement and service decisions and track progress;
  - (7) Tracking regional differences in CANS scores and costs to determine if trends emerge;
  - (8) Considering the types of personnel and credentials that are desired for programs and factor commensurate and competitive salaries into the model budget legacy rate development process across the state;
  - (9) Developing incentive payments for child placement agencies and residential programs for desired outcomes such as timely permanency, recruiting and retaining foster homes, successful moves to lower levels of care, clinical improvements, and other outcomes as determined by DFPS;
  - (10) Defining placement settings and services that align to children's needs with rates that tie to those specific settings and services and clarifying the program expectations for each setting, such as staffing requirements, supervisory expectations, training, and other support and operating assumptions;
  - (11) Continuing the exceptional care "carve out";
  - (12) Implementing a risk reserve;
  - (13) Reviewing opportunities to increase the Title IV-E eligibility rate;
  - (14) Increasing kinship licensing; and
  - (15) Developing a method to claim costs associated with child.
- (d) DFPS shall submit to the Legislative Budget Board, the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, the Speaker of the House, the Lieutenant Governor, the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services, and HHSC:
- (1) a report detailing the preliminary new service descriptions upon which the new rate methodology will be based no later than September 30, 2021;
  - (2) a report detailing the final service descriptions no later than January 1, 2022; and
  - (3) a semi-annual progress report of all related activities undertaken by DFPS every six months beginning on February 28, 2022.
- (e) HHSC shall submit to the Legislative Budget Board, the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, the Speaker of the House, the Lieutenant Governor, the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services, and DFPS:
- (1) a plan for the development of pro forma modeled rates and cost-report based rates, using the service descriptions described in subsection (c) of this rider, including key milestones and identified interagency dependencies, and for the implementation of all other recommendations related to reimbursement rate methodologies made in the report entitled "Foster Care Methodology as required by the 2020-21 General Appropriations Act, House Bill 1, 86<sup>th</sup> Legislature, Regular Session, 2019 (Article II, Special Provisions Relating to All Health and Human Services Agencies, Section 32)" no later than September 30, 2021;

- (2) a report that includes the pro forma modeled rates using the new methodology, including the fiscal estimate of implementing such rates, no later than December 1, 2022;
- (3) a report on the feasibility of increasing federal funds for use in providing these services by February 1, 2023; and
- (4) a semi-annual progress report of all related activities undertaken by HHSC every six months beginning on February 28, 2022.